

THE AMERICAN JOURNAL OF NURSING

VOL. XXIII

SEPTEMBER, 1923

No. 12

THE PRIVATE DUTY NURSE: A PIONEER HEALTH WORKER¹

BY ELIZABETH GIBSON, R.N.

IT is rightly said that the progress of today is due to the visions of yesterday. Nursing as a profession, as well as the field and opportunity for nursing, has developed so rapidly in the past fifty years that it is well to take time occasionally to look back over our achievements and study the ideals of the pioneers who have made such progress possible.

Florence Nightingale, the founder of modern nursing, was with us little more than a decade past, yet already we have made a wonderful start toward carrying out her plans for the care of the sick in their homes and for guarding the health of our communities. Public health nursing is the offspring of private health, or private duty nursing and, although still an infant, is indeed a lusty one. Because of its rapid growth and the broad field of service it offers, many nurses have taken it up, leaving private duty nursing possibly not so much in the limelight, although not the less im-

portant, and I trust we may all realize that our progress in public health is due largely to the conscientiousness of purpose, keen foresight, and desire for service of our pioneers, the private duty nurses.

I would like to take up briefly some of the opportunities and responsibilities of the private duty nurse as a health worker, in relation:

First, to the patient
Second, to the family
Third, to the physician
Fourth, to the community

Fifth, to nursing education.

No doubt many of you, yes, all of you, recall your first case out of the hospital and many of you have said "then I just began to realize how little I knew." The new environment, lack of convenience, lack of hospital support, irregular hours, loss of sleep and many times insufficient food, all so different from hospital routine, made the first few cases seem tedious and possibly without a feeling of satisfaction. I think one of the first arts acquired by

THE public health movement did not create the public health nurse; it found her already at work at the bedside.

¹ Read at the third convention of the New England Division, Burlington, Vt., May, 1923.

the young graduate is the adaptability to circumstances and the care of the patient in his home environment. It is not till recently that hospital social service has been developed to any great extent, or that much concern has been taken of how the patient progressed after leaving the hospital, so that the student nurse has been trained chiefly in hospital bedside care, oftentimes not covering the convalescing period. The graduate with keenness of vision realizes that she has new responsibilities in the home care of the sick, and that she must not only be concerned with the illness and care, but also with the recovery and future health of her patient. It is important for her to trace the indirect, as well as the direct causes of the illness and often she sees several conditions conducive to negative health and eventually sickness, which may be remedied by her advice. She must be alert in ascertaining the faulty health habits of her patient and tactful in teaching correct habits, for here is her wonderful opportunity for health education in the home, concentrating her efforts and knowledge over a considerable period of time in one family which is the unit of all community life.

Herein, then, lies an added field of service for the health worker if she is to do her best constructive work, for the health of the family depends upon the health of each individual member of the family. Only in exceptional cases is it possible to give nursing care to more than one member of the family, but the obligations of the nurse along preventive and constructive lines are many.

We realize as never before that the strength of a nation lies in the health

and education of its youth. For the past twenty years a great deal of money and effort has been spent for better health and living conditions for our children. However, examination at the time of the World War checked up an appalling number of our young men as physically unfit. Had our young women been checked up as thoroughly, the result would have been the same. And our children, how did they check up? So poorly that our eyes have been opened to the need of a more extensive health programme and our latest vision, possibly toward the millennium, but an ideal to strive for, is positive health.

Positive health may be defined as meaning a body free from any handicaps, mental or physical, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength and happiness, and back of it all, a spiritual tone which is the key note of an inspiring personality.

This means then that every baby should have as its birthright, to come into this world in perfect physical condition and under such environment that it would be able to resist disease, and advance through life in a normal state of health, happiness and usefulness. This indeed would be the millennium compared with our present-day death rate of two hundred and fifty thousand babies under one year of age. What a grave responsibility, but splendid opportunity, for nurses doing obstetrical nursing and what a field for intensive educational work along this line. Because of the confidence placed in the nurse who has made the right entrance into a home, she is often able to accomplish a great deal with the children in forming correct health habits, and in having corrective measures carried out. The opportunities for

service of the private duty nurse in the family are numerous and varied and I am sure many of you here can recall homes in which you have nursed where you have been able to accomplish a great deal in solving the health problems, in addition to your services in caring for your patient. The nurse has such an opportunity for detecting danger signs of disease in its early stages, such as cancer, tuberculosis, and other communicable diseases where early treatment is of the greatest importance.

Under the present continuing shortage of health workers, both physicians and nurses, there is a great opportunity for the private duty nurse to aid the physician, and if the best constructive work for positive health is to be carried on, the closest coöperation must exist. It is generally conceded that the nurse is not an inferior, nor a subordinate to the physician, but a co-worker, each having his own field of service, largely dependent upon each other for the best results. The health worker in the home works under the physician's orders and by discussing with him the home conditions, health habits and possibly sources of disease as she finds them, she can be of great help to him. In the past few years, possibly due to the rapid progress of public health work, there has been considerable misunderstanding and some bitter discussions concerning ethics, but if physicians and nurses will consider the health and welfare of the patient and the community rather than their own selfish, professional and oftentimes commercial interests, these problems will vanish in the desire for service. The following is quoted from an address read at the Florence Nightingale Memorial a year ago:

A trade is followed for profit; a profession is exercised for service; a trade flourishes by patents and copyrights and secret knowledge; a profession puts all its knowledge and skill at the service of others. It is a great gain when a man pursues his trade in a fine professional spirit, but a distinct loss when a member of a profession does his work in the spirit of a tradesman.

I trust as nurses, we may have such a desire for service that we will not be criticised for doing our work as a tradesman nor with the desire for commercial gain.

The private duty nurse as a community health worker deals chiefly with the individual, but frequently she finds it necessary to coöperate with public agencies, especially in communicable diseases which are no longer family secrets, but the public's concern. The nurse should know the community in which she lives, the statistics concerning communicable diseases, the laws governing them, and the agencies with which to coöperate. She can be of great assistance to the physician and the department of health in reporting disease and its possible sources. Tuberculosis and venereal diseases have been two of our greatest problems and as a health educator the nurse has a great opportunity.

The field of service is so great and so much is demanded of nurses of today, that hospitals and training schools have realized that they are not sending out just the kind of nurse needed to carry on the work of our foresighted pioneers. The "trained nurse" is not just the type needed. "Trained" implies lack of initiative and we must have nurses with initiative and executive ability in any branch of nursing today. We must have nurses with a broader education rather

than with a longer "training." We must have schools of nursing connected with our colleges and universities. As private duty nurses, what is your responsibility in helping to solve these problems?

The Central School of Nursing is the ideal, but till this is realized, we must be ready to help the small training schools, if possible. Can we not awaken more enthusiasm and interest in our alumnae associations to help keep up the standards of nursing? As we went out into private duty work and saw the broad field of service, we realized more,

each year, the weak points in our education and by constructive criticism we should be able to help in bringing up the curriculum of the training school. There are many ways by which we are able to stimulate public interest in this form of education for the young women of to-day, and by advocating state aid for nursing education, as well as for other forms of education, we may be influential in establishing schools of nursing in our Universities. Wherever the opportunity arises, let us all be ready to help and not leave the responsibility to a few.

THE USE OF PENALTIES IN STUDENT GOVERNMENT¹

BY HELEN M. SMITH, B.L.

IN these days of "progressive education," of "undirected activities," of freedom from all kinds of restraint, academic, social, and moral, it seems perhaps a bit of an anachronism to talk about the use of penalties. However, a reaction seems to be setting in not only in an increased number of "required" courses in the curriculum, but in an insistence that the student shall pay at once the price for moral and social infraction. One superintendent writes:

The child who is permitted to grow to maturity without the discipline necessary for future citizenship enters life's battles under a handicap. Life is a struggle, a matching of wits and of strength, mental and moral. Life is exacting, offering much but demanding much. It has scant mercy for weaklings. It

requires men and women with their impulses under control, individuals trained to surrender their own will at times to the will and welfare of the majority, citizens who have been trained in youth to respect proper authority and to obey society's reasonable rules.

I take it that the group believing this is at least a respectable minority and that, therefore, perhaps the main question is how to train students to such a standard. I propose to speak of penalties as one means to this end.

It is true that laws that carry with them no penalties are not likely to be respected or obeyed. It is true, also, that some laws that do carry penalties should not be respected or obeyed. It seems to me, therefore, that penalties that call attention and respect to laws that harmonize with the great physical and spiritual laws of the universe serve a very useful purpose.

¹ Paper read at the tenth annual meeting National Association of Deans of Women, Cleveland, February, 1913.

Penalties in Student Government should, I think, be considered from at least four points of view; from the point of view of the one punished, of the large group to which the culprit belongs, of the person or group that fixes the penalty, and of the person or group that enforces it.

If life is a struggle to free oneself from a docile, dependent attitude to a whole-hearted, reasonable, aggressive independence, the penalty for wrong-doing should be such as to help the individual toward that end. Here is a student who comes from a family of uncertain mental stability. She is obsessed with the idea that she is of inferior intellectual capacity. She sets her mind and purpose on winning a Phi Beta Kappa honor. She has very nearly reached her goal when through inadvertence, and because of assisting a blind student, she passes one point beyond the allowed number of Chapel cuts. The penalty for such an offense is two weeks' suspension from College. This penalty is to be applied just before examinations. If she is absent from classes at that time she will in all probability lose her chance at Phi Beta Kappa. The very fear of enforcement of the penalty makes her faint in class.

If Chapel service is compulsory and so voted by the students, a penalty for excessive cuts must exist. To enforce it in one case and not another would seem partial and unfair. However, to enforce the penalty on a student of the nature and condition described would destroy all the value of the punishment. Penalties lose their use unless they quite adequately fit the offense and the offender. The penalty enforced in the case mentioned would have driven a self-

depreciating student into deeper and deeper gloom over her mental powers.

The effect of enforced penalties on the whole student body should be taken into account. Unless sympathy for the enforcement exists in the great majority of students or can be secured, the penalty does more harm than good. The student body must be permeated with a loyalty to righteousness and order and justice or penalties will be of very limited value.

It was discovered in a certain college that a student in writing a long theme had consulted some of the best criticisms on the subject chosen and, being a discriminating student with very artistic appreciation, had used without quotation marks page after page of ideas and phrases of the critic read. The theme was an excellent piece of compilation presented as original work. Her plagiarism was discovered, she was called before the Honor Board, charged with unfairness and penalized by loss of credit for the course. When the matter was discussed with her, she acknowledged having consulted books on the subject of the theme, saying that she supposed that was what she was expected to do, that she had worked eight hours on her theme and was quite unconscious of using the phraseology of the book referred to. In other words, she had let some one else do her thinking for her and considered herself virtuous for having spent so much time compiling a theme. What was the use of the penalty put upon her? It did not serve to show her the error of her ways, the wrong to herself and the college community for one of their number to persist in the pernicious habit of not developing her own thinking powers and of receiving credit for work that was not

hers. She was not alone in such a practice, and penalizing her could not correct the fault in the college community unless the whole matter were brought before the community. If this were done, the penalty would have the use of emphasizing a moral standard and showing the student that in that community that sort of thing simply was not done.

In a certain college, one of the officers of the Junior Class cribbed in a weekly test. The Honor Board investigated the case and found the student guilty. The Board recommended that the offender lose credit for the course, be required to resign her office, and not be allowed to hold office again during her college course. A group of her classmates objected to the severity of the penalty, trying to cover the reflection upon the class and, while not condoning the offense, made strong excuses for the individual. The result was decided division in the student body, and practical torture for the student president from the opposing group. Fortunately, the student president had moral strength and the courage of her convictions. The offender finished her Junior year, returned to the college for her Senior year and lived down her unsavory reputation. The opponents of the verdict came to see and later acknowledged that the case was wisely handled. The effect on the whole student body was increased respect for honor. But, what would have happened to the moral tone of the students had some one of the group failed to make the opponents feel that although "the way of the transgressor is hard" the best interest and welfare of the community is served when standards are high and the whole group is influenced to live up to them.

In most colleges where student government prevails, the penalty for violation of rules is advised by a group of students, although final authority rests elsewhere. What is the effect of penalties upon this body? Members of Executive Councils of Student Government and Honor Boards have testified to the growth of students charged with meting out justice to offenders and upholding the honor of the college. That the responsibility makes large drafts on a student's time and attention to her studies is undoubted. Perhaps these evils are offset by the practice she gets in weighing evidence carefully and in the necessity of setting aside her personal feelings and regarding principles, and perhaps nothing teaches her this need more effectively than the price she must pay for insufficiently considered, half-baked or biased decisions. There is, of course, the danger that the group fixing the penalties may be too lenient, winking at offenses, encouraging untruthfulness, cribbing, unfairness of all sorts, more or less innocently, or it may be too severe. The example of the American college whose student commission suspended a whole class, because every one in it knew a few students had cheated during examination, seems pretty drastic even if the effect were, as some one has said, "to elevate the honor system to real social value." The example of an American college requiring that a student leave the place in which the college was located and then *en masse* hounding him out of town smacks somewhat of early Christian torture and can scarcely be justified in the light of modern administration of justice. Individuals may suffer before students learn moderation and get wisdom, but the chance to try

must be theirs if the college does its duty to them in the way of training and helps them to administer justice somewhat better than criminal courts have been doing in some of our large cities.

If, however, the students are to get fair training, the group that enforces the penalties, usually a committee of the faculty, must do its share, even though the students fix the penalties. The faculty have no right to "unload their own responsibilities on a group of young students." The college faculty that said to a class, "One of your number has cheated and stolen goods; you must deal with her and be responsible to the college for her misdemeanors" was clearly shirking its responsibility unless it stood ready to help the class by advice and suggestion to the desired end. Such a commission is too large an order for young, inexperienced students unless they can count on the help of the faculty.

The faculty committee enforcing the penalty is sometimes handicapped by not having the opportunity to review all of the evidence and may, therefore, err in accepting or rejecting the recommendation of the students. If, because further evidence is produced or new interpretations are made, it seems fairer to change a decision, the use of the penalty would be lost if the committee did not change. It is much nobler and stronger and does much more good, in my opinion, for a

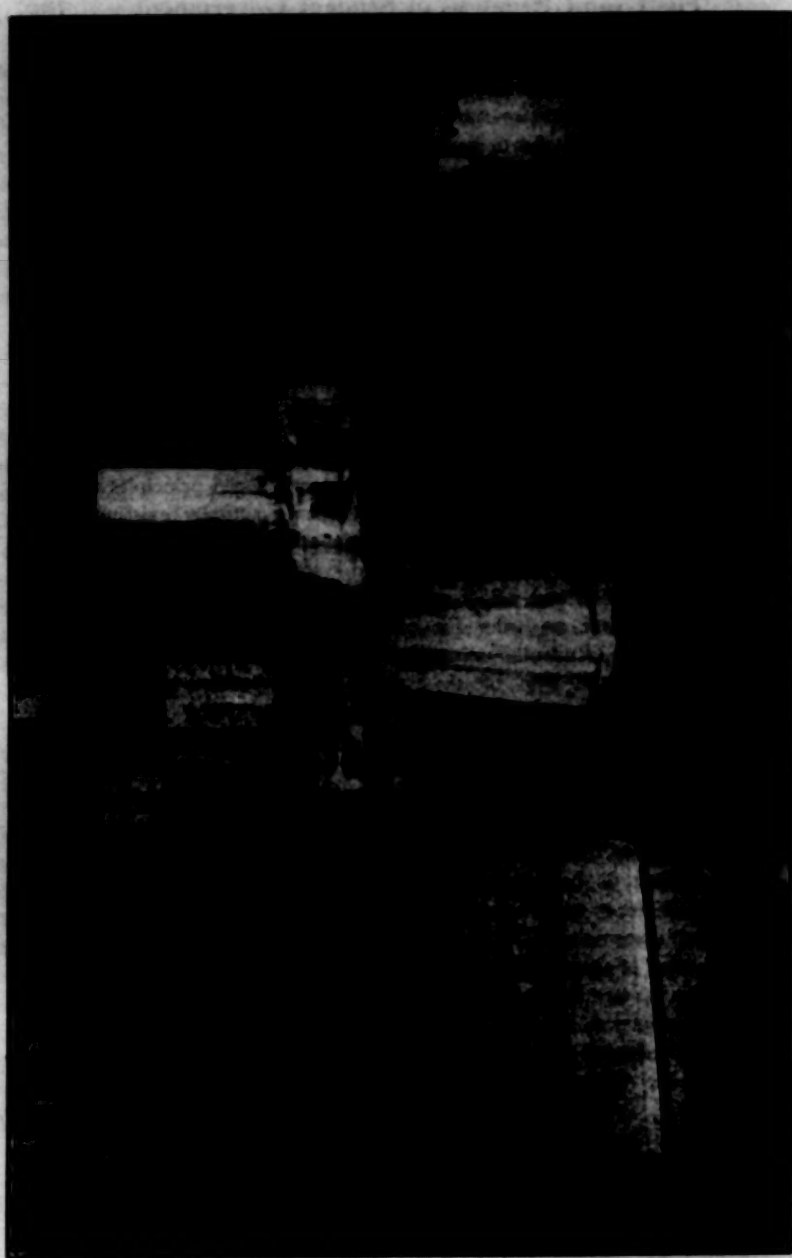
committee to change a decision than to run the risk of injustice to the students.

One other element in useful penalties is wise publicity. Too often students know the penalty without knowing the misdemeanor it is designed to correct. It is usually most damaging to the offender to publish her name and at the same time threaten to close avenues of information in other cases, but it is thoroughly unwise, I think, not to keep moral standards before the student body through college publications and classroom illustrations. These should present hypothetical cases of infringement of moral and social principles involving the elements actually existing in real violations in and out of college.

No system is successful because it is a system. If we have student government with power to inflict penalties for violation of the rules, it means one more thing for the faculty to watch. Since students are varying individuals and need varying punishment, since student bodies vary from year to year and are young and inexperienced, since the burden of weighing evidence and judging their fellows is too great a responsibility for students alone, and since the faculty has no right to shirk its responsibilities, the greatest use of penalties will be realized when students and faculty cooperate. The two groups working together will bring a control superior to that of either working alone.

"Selfishness" consists in facing any human relationship with the main intent of getting from it for oneself all the pleasure and profit that one can."

HARRY EMERSON FOSDICK.



THE KUROKAWA LABORATORY.

SUGGESTIONS FOR THE MILK LABORATORY

BY MARY CORINNE BANCROFT, R.N.

WE still have hospitals which cannot spare a separate room for a milk laboratory. The accompanying pictures show how the Children's Hospital of Cincinnati has improvised a milk laboratory and some of the devices in use, as follows:

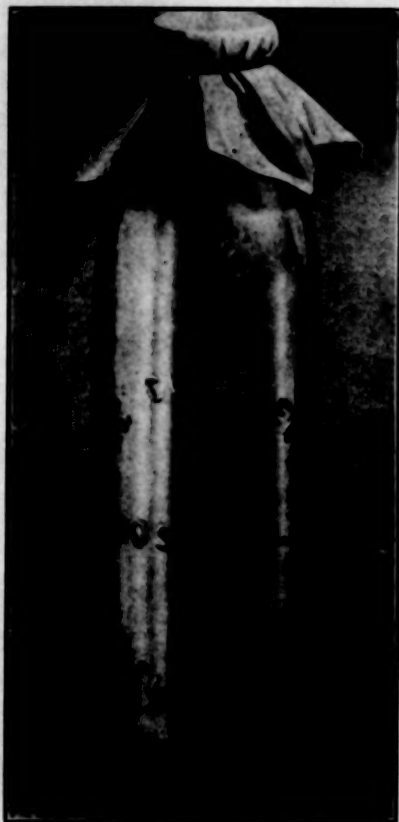
1. A good method of capping bottles. Sterilized paper squares, (a paper napkin cut into 16 squares) are fastened over the bottle rim with a rubber band. This not only seals the bottle but keeps the rim uncontaminated.

2. An improvised milk laboratory which occupies one end of a serving room. The space occupied is 11 by 13 feet. The equipment consists of a wall cabinet for sterile supplies; a wall table, 10 feet, with two deep drawers; a table supporting a zinc water bath, 25 x 40 x 5 inches; a gas stove; a utensil sterilizer; a refrigerator with space to accommodate 20 racks holding 8 bottles each; a sink with a drain board; and a utensil cabinet.

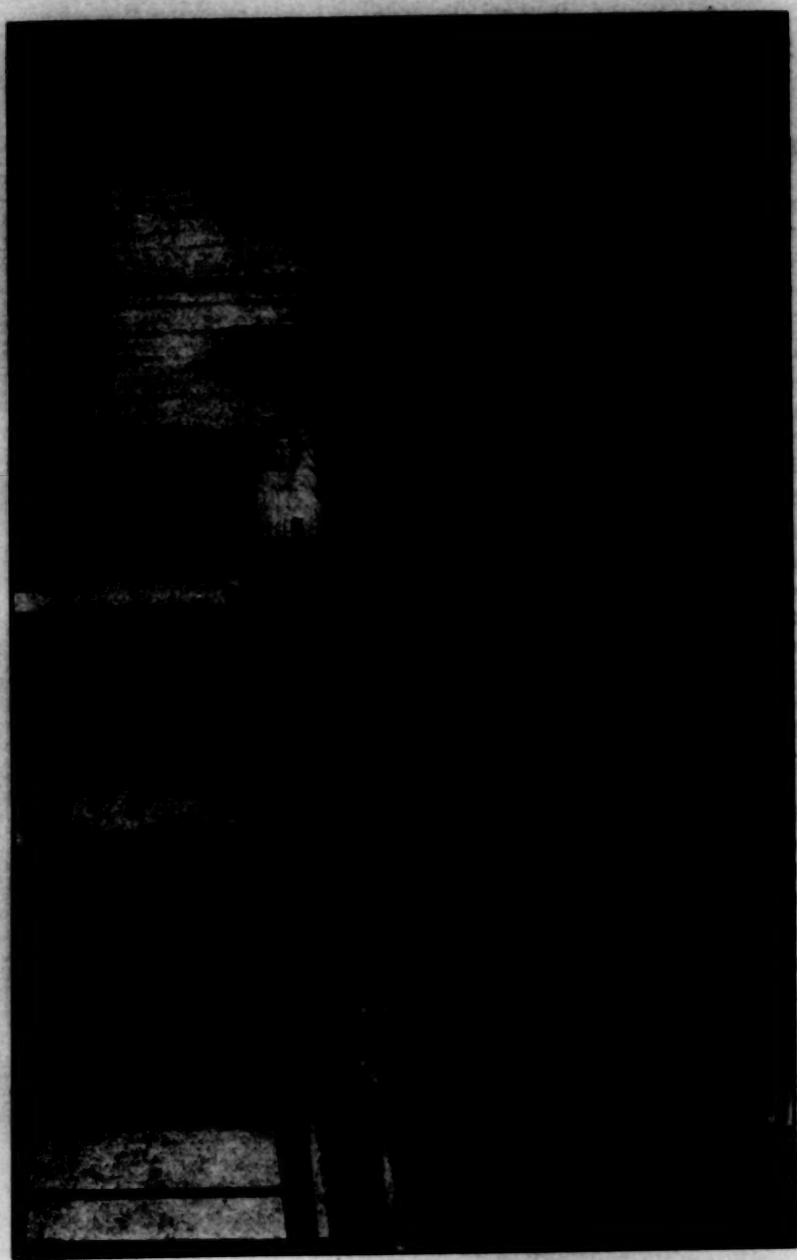
The same picture shows a good method of filling bottles by use of a graduated percolator and stand.

3. An efficient method of carrying bottles to the ward. An ordinary folding dish tray is used to carry a bottle

bath, nipple tray, cereals, etc., into the ward. This saves much time.



CAPPING A BOTTLE.



CARRYING BOTTLES TO THE WALL.

PSYCHOLOGY

By ANNETTE FISKE, M.A., R.N.

THE word "psychology" means literally the science of the soul, but, like many another word, it seems to have been running down hill and to have come to mean the science of the mind. I want to give it back its original meaning and I feel the more justified in doing so in that even the modern materialistic philosopher concedes the inadequacy of mind and body as the total personality by claiming the existence of the subconscious mind. Let him call it subconscious mind if he will; soul is a good enough expression for me, the soul which manifests itself in the activities of mind and body but which is something more sensitive than either and in control of both.

The minds of the vast majority of people are today set on doing the things that will bring them the greatest material return and doing them in the way that will cost them the least effort and exertion. They are quite willing to admit the existence of a subconscious mind, which they regard as a curious and rather interesting variation from the practical every-day mind that they make use of in their business, but a soul, what do they care about souls? Except that they do not want their own to be damned to eternal suffering hereafter; and the church ought to be able to make sure of that point for them. Souls are too intangible for a practical person to be interested in, and they are likely to get one into a lot of trouble, according to all accounts, because they may interfere with a good piece of business; they take time and effort which, if expended on

practical every-day business, would bring large concrete results instead of rather vague abstract ones. So banish the soul, and all hail the intellect—if, indeed, they do not go so far as to say that intellect is naught and only manual skill of value.

Now intellect is all right in its place: it is an excellent thing and most helpful in life; but the soul is even more excellent and even more helpful. In fact, I consider the soul not only the best, but the most useful part of us in a practical sense. The general restlessness and discontent so rife nowadays are due to the fact that the soul is so completely neglected. Take the field of nursing, for example. One frequently hears the plea that psychology be studied, and we see psychology put down in the curriculum of many training schools, yet it is the psychology that takes heed only of the mind, not of the soul, and for that reason it fails. The schools that emphasize most strongly the need of the nurse being taught psychology are frequently the schools that most patently ignore the existence of the soul. The pupils are treated as more or less intelligent machines, the patients as cases pure and simple, and by "cases" are meant sick people whose bodies are expected, under certain fixed treatment, to get back into good working order; even the *mind* of the hospital patient gets small consideration and the mind of the pupil nurse is considered very largely merely from the point of view of how much theoretical knowledge can be crammed into it; the attitude of the pupil's mind toward her

patient and toward her work seems to be a very secondary consideration. And yet how much her attitude of mind means in the matter of how much theory she will learn and even more in the matter of how much effort she will be ready to put forth for her patient.

A Freshman at college recently referred to applied psychology as the kind that did not work, an amusing but apt definition. So long as one confines himself to the theory of the science of psychology, everything works out beautifully, the same set of conditions brings invariably the same result; but when one comes to apply the theories to life, they do not work out. Why? Simply because there are no two people exactly alike. People recognize the fact that the bodies of different people react differently to the same treatment because our bodies are tangible and they cannot but see the various tangible effects produced in different bodies by the same thing. To a lesser degree it is recognized that minds react in different ways to the same stimuli and one does not expect an ignorant man and a philosopher to take a similar view of the same subject. When it comes to the soul, however, if its existence is conceded, its wings are at least closely clipped. No one has a right to a personality these days; each is expected to respond to exactly the same stimuli as his fellows in exactly the same fashion and to exactly the same degree, and if he does not, he is thought to have something the matter with him. But we have always to come back to the fact that no two of us are made exactly alike and that, in consequence, we do not any two of us respond to the same stimuli in the same fashion and to the same degree.

I want to make a plea that consideration be given to the souls of nurses and of their patients as the means of solving all the greatest problems in the nursing field today. Interpret psychology in terms of the soul and do not try to lay down any hard and fast theories but merely certain general principles that can be interpreted in each individual case in terms of the individual soul. Psychology is far better studied from life than from text-books; in fact, the text-books are of no help without study of life and most of one's knowledge of psychology must come from one's experience with those with whom one is brought in contact. Take the pupil nurse; she learns her lessons in psychology first of all from the superintendent of her training school and from the teachers over her, and their principles of conduct and points of view will affect her far more than any book on the subject that she may study. If they treat her with lack of consideration and show no feeling for the patients, evidently regarding them purely as cases and a part of the day's work, the pupil nurse is almost inevitably going to take the same attitude toward those under her and toward her patients. If those to whom she is supposed to look up and from whom she takes her orders show disregard for all family ties, keep parents from seeing their children while in the hospital, do not allow relatives to stay with the dying, in fact, ignore all the deeper feelings of life, the pupil nurse will show the effects in a lessened sensitiveness, a hardening of the feelings.

Psychology is the study of the soul; we should study the souls of those about us, remembering that no two are alike;

and we should try to bring out their good qualities and tone down the bad ones. One great principle of psychology is the force of example; it is a principle that is often forgotten or disregarded. What the superintendent of the training school wishes her pupils to be, that she must be herself, setting them an example. This principle is very closely akin to another famous one, namely, the Golden Rule; for this is not merely the foundation of religion, it is the basic principle of psychology—do unto others as you would they should do unto you, and you will find them doing unto you as you would they should. For what does this saying mean other than that you should study the soul of your neighbor that you may understand his needs and his desires and treat him accordingly?

One needs experience with people and one needs imagination. Some people say every nurse should herself have had a serious illness in order that she may get the patient's point of view. There are few people, even among the young and well, however, who do not know the meaning of pain and who do not have sufficient imagination, if they care to exert it, to realize what it means to lie in bed helpless. What is needed is that they should stop to consider these facts, that they should give thought to their patients' feelings as well as to their symptoms and the means used to relieve them, that they should have impressed upon them the sensitiveness of the sick to their surroundings and to the treatment accorded them by those caring for them. If a mustard paste is to be applied, for instance, the mechanical application is not the only important thing; the manner of its application, whether

it is put on gently or roughly, may not affect the part to which the application is made, but it does affect, perhaps materially, the general condition of the patient, to say nothing of his happiness, and, incidentally his opinion of the whole nursing profession. A willing nurse is a great comfort and sets the patient's mind at ease, and so puts him in a condition where he has the best chance of recovery. A nurse who is disagreeable and grudging in her service upsets her patient, makes him unhappy and irritable, and retards his recovery. If the nurse would only consider how she would feel to be sick and have some one waiting on her who made her feel it was a disagreeable duty, who was rough and lacking in sympathy, she might apply the lesson to herself and try to do as she would be done by. When nurses complain that their patients are cross and inconsiderate, are they not sometimes themselves to blame in that they have not considered the patients' feelings?

There is no use in having psychology taught in the curriculum and then ignoring all the principles of psychology in every-day life. A training school that does not allow parents to see their children at all, when at the hospital three days, for tonsils and adenoids, is disregarding the psychological principle that as the twig is bent the tree is inclined. If pupils from the beginning of their training are taught thus to ignore the natural affection and solicitude of parents for their children, they are bound more and more to come to ignore family affection and to consider the solicitude of relatives for their patients as something that interferes with the comfortable performance of their duties and not

to be put up with. If pupil nurses are taught to carry a baby under one arm in order to have the other hand free to carry a glass of water or a bed-pan, which seems to be the modern idea of efficiency, if they are taught thus to make light of the comfort and safety of tiny babies, what consideration can one expect them to show toward those who are fully grown and comparatively tough? If it is right to treat a helpless infant thus, like a bag of meal, why should it not be right to roll an adult patient about like a log? I have never forgotten the surprise expressed by a patient of mine because I tried to help her gently out of her chair when she had rheumatism instead of grasping her hands and jerking her to her feet; that was the way my predecessor had done, and she supposed that all nurses did that way. Naturally, she had no great opinion of nurses.

When the training schools and nursing organizations lay so much stress on short hours of work and plenty of recreation

for pupils and neglect to emphasize the spirit of service and sacrifice, they seem to forget the psychological effect of all this on the nurses and that it is almost bound to make them put their personal comfort before the comfort and well-being of their patients. Actions speak louder than words and the acts of their superiors produce more effect upon the pupils than do their words. The superintendent and teachers in a training school can preach to any extent they will in class, but their words will produce little effect unless they themselves live up to them. Teach the nurses to put themselves in their patient's place, set an example that they can follow with profit, and it will not be necessary to include psychology in the curriculum. It may be easier to teach the theory of psychology, but something more is needed in order to get results. Because no two people are alike, detailed psychological laws cannot be laid down, but the Golden Rule is an epitome of wisdom and covers every case.

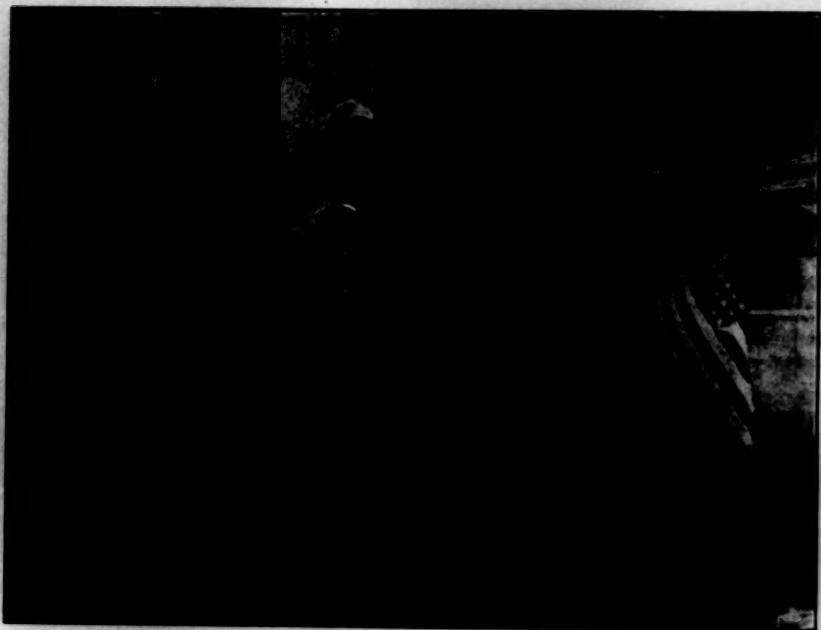
A GOOD WILL DELEGATION AT THE BORDEAUX SCHOOL

BY MOLLIE A. HAND, R.N.

THE Florence Nightingale School at Bordeaux was not unknown to me. In common with thousands of other American nurses, I had contributed to the construction of this home for nurses, as a memorial to the nurses of America who died in service during the war. But I little thought that on July 4, 1923, I should be eating a delicious picnic lunch under the great trees beside the very building, our menus

adorned with a rose, tied with red, white and blue ribbon, in honor of the Good Will Delegation of American women and of their national holiday.

Our visit to the Florence Nightingale School has been one of the most inspiring occasions of this truly inspiring trip. The Good Will Delegations, of which ours is the fourth group to visit France, are composed of business and professional women who travel under the



Miss Mollie Hand of the Brooklyn group of the Good Will Delegation and head nurse of the Welfare Dept., Knox Hat Co., brings greetings to Dr. Anna Hamilton, Directrice of the American Nurses Memorial Training School at Bordeaux.

auspices of the American Committee for Devastated France. We are given an opportunity of seeing the life of the French people, especially in the devastated regions where the American Committee is doing such wonderful work. Through our contacts with the French people whom we meet, we are enabled to form some idea of their character and viewpoint, and of the real friendship which France has for America.

The Florence Nightingale School has been of great service to the American Committee for Devastated France in supplying well trained nurses for the public health work in the region of the Aisne.

After hearing the facts of the case, it

was easy to understand why this school was selected for the gift of the American nurses. Dr. Anna Hamilton, founder and directress of the school, is a pioneer in modern nursing methods in France. She has devoted her life to the building up of the school and the hospital with which it is connected, in a heroic endeavor to raise the standard of the nursing profession in France. In 1901, when Dr. Hamilton started her work, there were six nurses. Now there are forty students, six head nurses, and twenty-two doctors connected with the hospital. Dr. Hamilton told us that they would like to have twice as many nurses as they have now, but that it is difficult to reach French women and

interest them in the profession, because their standing has not been recognized as professional in the past and is still misunderstood by many people.

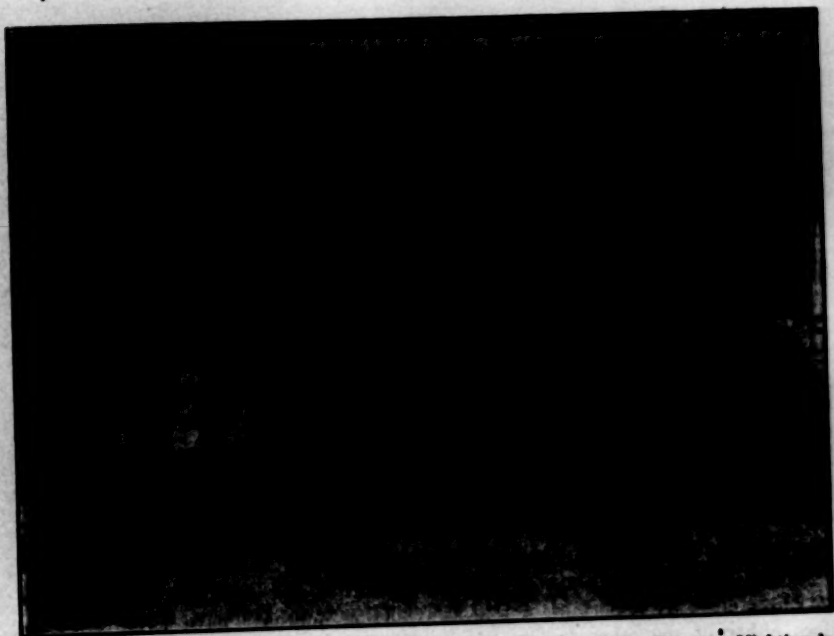
Dr. Hamilton herself is a charming little woman, of great intelligence and kindness. Her personality colors the Florence Nightingale School, and her gracious reception made us feel at home at once. She speaks English, as do many of the nurses, and in this way we were able to learn many facts and discuss many problems. Dr. Hamilton has studied in England, Switzerland and America, as well as France. Though, as her name indicates, her father was of Irish descent, Dr. Hamilton is a Frenchwoman. As a girl, she became interested in medicine through reading the medical books in her father's library. He had been disappointed in his ambition to become a doctor, and encouraged his daughter to study medicine, at that time an almost unheard of thing for a French girl. She entered the old University of Montpellier. With her first practical experience in a hospital, Mlle. Hamilton became deeply discouraged with the profession she had taken up. She realized that no effort was made to bring some measure of comfort to the sick. At that time in France, there were no trained nurses, as we understand the term; and Dr. Hamilton told us that she considered giving up the study of medicine because of the disappointment she felt over hospital conditions. She might have done so, if she had not met by chance some English trained nurses. Her entire point of view was changed by what they told her. She went to London to study the training of nurses there, and when her studies were completed, she became the head of the hos-

pital in Bordeaux with which the Florence Nightingale School is connected.

The American Nurses' Memorial building is a very fine one, perfectly equipped. It is of red brick, four stories high, with a flat roof—the latter an architectural feature very unusual in France. Each nurse has a room, and modern baths and showers are on every floor. There is an attractive living room, airy and spacious, with a big fireplace and a piano. The bright little dining room has small tables with glass tops. There is a good infirmary. The library is supplied with books given by the alumnae of the Presbyterian Hospital, New York, in memory of Amabel Scharff Roberts, who died in service during the war. These books include a good collection of nursing literature. On the table were American, as well as other nursing journals.

The uniform worn by the nurses particularly caught my attention—French Army blue, with white aprons and stiff white Roman collars. They had typical Red Cross veils, dark blue over a small white cap. In the wonderful grounds of the school, under the big old trees, they certainly looked very picturesque.

Not far from the Florence Nightingale School is the Public Health Dispensary donated by the Rockefeller Foundation in 1920. It is well equipped, and does fine work among the people in the vicinity. Dr. Hamilton showed us the big plot of ground, between the school and the dispensary, where they soon hope to begin work on a splendid new hospital to replace the old one which is not large nor modern enough for their present needs. The beautiful site, on the outskirts of Bordeaux, was a legacy from a Frenchwoman who was interested



Brooklyn representatives in the Good Will Delegation greeted at the Florence Nightingale School at Bordeaux by Dr. Anna Hamilton, Directrice, and student nurses.

in Dr. Hamilton's work. Dr. Hamilton is hoping for a grant of money from the French Government which will enable her to proceed immediately with her plans for the construction of the hospital. Incidentally, she herself made the plans for all the buildings, including the school.

Dr. Hamilton's stories of her efforts and of the difficulties she has had to face were most interesting. She has evidently forged ahead in the face of endless prejudice and indifference. The gift of the American nurses has meant a world of encouragement to her, as well as of practical assistance in her work. I only wish that all nurses who contributed to the Memorial could see the

school and meet Dr. Hamilton. I am sure they would be tremendously inspired and impressed.

Our Fourth of July party had to come to an end at last. We joined with the nurses in singing the Marseillaise and the Star Spangled Banner, and left the school with the sense of having been privileged to see a splendid enterprise splendidly fulfilled.

NOTE.—Business and professional women are nominated as candidates in Good Will elections by business and industrial concerns, and social or civic organizations. They are elected by ballot, voting being on the basis of contributions to the work of the American Committee for Devastated France. A woman may draw her support from any source or any place. Every dollar offered for the work of the American Committee in her name entitles her to ten votes.

THE FRACTIONAL EWALD MEAL BY THE REHFUS METHOD¹

BY ELIZABETH CONNOLLY, R.N.

THE relationship of the nurse to the laboratory is very rapidly changing from what it was a few years ago when so little laboratory work was done. The present-day demands of the doctor and the patient for better and more laboratory aid have caused this change. Because of these advances the nurse finds herself one of a triad that is absolutely essential to a great deal of the laboratory study of a patient,—the other two members of the triad being the patient's physician and the laboratory worker. I need only mention a few common laboratory procedures wherein the nurse—even the pupil nurse—plays as necessary, therefore as important, a role as does either of the other two members of the triad mentioned above:

First. The phthalein functional test for kidney efficiency, in the performance of which the nurse instructs the patient, administers the dye subcutaneously and solely has to do with the collection of the output of the urine.

Second. Basal metabolism wherein the nurse is solely responsible for getting the patient in a fasting and completely resting state, or else the procedure is valueless.

Third. The collection of sputum for the study of spirochaetes that might be present in lung tissue.

Fourth. The collection of catheterized specimens of urine, which is practically a routine in many hospitals so

far as the female patient is concerned; and many more such things could be named.

The old saying that "no chain is stronger than its weakest link" is positively true in this line of work. Repeatedly we hear the laboratory workers say that no laboratory test is of its maximum and therefore proper value unless the technic of everyone concerned, (the doctor, the patient, the nurse, and the laboratory technician) is without error, and that many very difficult laboratory tests are made valueless by a slight error in some one's technic.

During the last few months, our nursing journals have been devoting many pages to articles on this general subject.² For the subject of this paper I have chosen the nurse's part in doing the fractional Ewald meal by the Rehfus method because of the following reasons:

1. This procedure is now very important, if not absolutely necessary, in the proper diagnosis and treatment of many diseases of the gastrointestinal canal, therefore in common use.

2. The nurse is considered capable of doing a very large part of this entire procedure. I say this because in the last two years fourteen of our pupil nurses have very successfully done the nurse's part in 365 fractional Ewald meals by this method.

¹ Read at a meeting of the Seventh District Nurses' Association, Fayetteville, N. C., March 6, 1923.

² A series of papers appearing in *The Trained Nurse*, by Henry J. Geckel, M. D. The Importance of Understanding Medical Laboratory Tests, Mabel McVicker, R.N., *American Journal of Nursing*.

3. Because of this experience I have learned a great deal, and I hope in this paper to give others the benefit of our experience.

Let us consider some parts of the nurse's technic, and in doing so, point out some common mistakes:

(1) *Preparation of the patient*

It is very important that the patient be properly instructed and that the nurse assure herself that the patient thoroughly understands the instructions. To hand the patient printed instructions is a valuable aid. The importance of this is easy to appreciate because, by this method of stomach study, the *fasting* contents of the stomach is first removed, and on the amount of this material removed the physician is going to say there is or is not retention of food in the stomach, or that the emptying time of the stomach is or is not normal. Nothing by mouth, except water, after an early supper on the day preceding the test, and even no water after 6 a. m., the day of the test, must be strictly adhered to.

(2) *The passage of the tube*

In our work we place our patient on a recliner because sitting upright in a chair for three hours causes unnecessary fatigue and lying in bed somewhat interferes with the passage of the tube and the position it takes in the stomach. We have found that one nurse can most advantageously work with four patients at a time.

Obviously, the technic of passing this very small and flexible Rehfus tube is vastly different from that used in passing the large, firm, relatively non-flexible tube. The latter is passed by force, and the patient can only passively assist

the operator, while in passing the former the patient must actively swallow the tip or bucket, and also swallow the tube, though assisted by gravity of the tip or bucket. Therefore, it is better for the patient to be sitting erect during the passage of the tube.

Just here it is well to note that in some difficult cases the passage of the tube may be facilitated by first passing into it, throughout its length, a moderately thick and slightly flexible wire, as is found necessary at times in the Mayo clinic. Obviously this then allows the operator to utilize the same technic as is used in the passage of a large stomach tube. No difficulty is experienced in withdrawing the wire from the tube when its passage has been accomplished. As yet we have never had to reinforce a tube in any manner, which, however, is obviously due to the variations in conditions, circumstances, and technic, from these at the Mayo clinic.

Just prior to the passage of the tube the patient's throat is sprayed with a 2 per cent cocaine solution until he can slightly detect its anesthetic action. Not all patients need this spraying of the throat; however, in doing large numbers of these tests, and in using pupil nurses, we have found it advantageous as a routine. Some patients have more sensitive throats and are more easily nauseated than others, therefore some patients will need more spraying of the throat than will others. All of us have noted that less is required to keep a patient from getting nauseated than is required to rid him or her of nausea after it is present. The patient should be warned not to hold the tube with his tongue, lips or teeth, because that obviously stops the passage of the tube,

frequently when the bucket or tip is in the lower part of the pharynx where it provokes much gagging.

(3) *Removing the fasting contents of the stomach,—the residuum*

When the tube has been passed until the proper mark on the tube is at the patient's lips, we are ready to apply the 4 oz. triumph syringe to the tube, and by gentle suction, withdraw the residuum or fasting contents of the stomach into the syringe, from which it is emptied into a properly initialed and labeled test tube, or tubes, if more than one is filled. In case no residuum is obtained the patient should again sit erect, then lie on the right and left sides, and the tube should be passed further in, or removed an inch or so. This procedure will result in our being able to withdraw the residuum if any is present, and usually 10 to 100 c. c. is present.

Just a word about the syringe. The plunger should not fit the barrel too snugly, because a little air leaking by the plunger automatically prevents our putting too much suction on the tube which will cause the lining of the stomach to be sucked into the slots of the bucket or tip and thereby produce damage to this lining, which damage, we are taught, may predispose to gastric ulcer. This same error of technic must be borne in mind during the removal of all other samples of gastric contents.

(4) *Giving the Ewald meal*

I will mention only two points. First, the patient can chew the bread and swallow it, and the water, practically as well with the tube in place as with it out. Obviously, there is no need for removing the tube after withdrawing the residuum and before taking the meal. We allow our patients their choice of

eating with the tube in or out, except in cases in which some trouble has been experienced in getting the tube down, in which case the tube must remain in place while the patient takes the bread and water.

Second, because of the regularity and precision with which the subsequent specimens must be withdrawn, we place an ordinary "Big Ben" clock in plain view of all four patients. On the face of the clock we have blue marks at the 45th, 49th, 53rd, 57th and 60th minutes. These time intervals total 15 minutes, which is the interval between the removal of specimens in each individual case. Patient number one is told to begin his meal at the 45th minute mark and be finished by the time the minute hand reaches the 49th minute mark. Patient number two begins there and ends at the 53rd minute mark—and so forth. Obviously, patient number one has his or her first specimen withdrawn when the long hand is at 60 minutes, patient number two at four minutes past the hour, etc. By this little scheme there is no overlapping, the nurse has four minutes between the removal of any two specimens, and she is in a position to remove the specimens regularly, each 15 minutes. A "time slip" for the removal of each patient's specimens is in this manner easily made out and no error in the time interval occurs.

(5) *Removing the specimens*

The nurse should have ready ten or twelve 60 c.c. test tubes for each patient, one tube for each specimen. Each of these tubes must be properly initialed and numbered, so that the laboratory examinations of these specimens can be done with each specimen properly identified. We endeavor to

remove sufficient gastric contents in each specimen to provide 3 to 5 c. c. of pure gastric material when filtered. Obviously, the amount to be removed varies with the relative amounts of solids and liquids present. Each 15 minutes a specimen is removed from each patient until, after changing the patient's position and adjusting the tube as mentioned above, no more gastric contents can be obtained. Whenever a specimen is bile tinged, the nurse must assure herself that the bucket has not passed on out of the stomach into the duodenum. Sometimes a doctor or even the fluoroscope is necessary to decide this question. It causes frequent concern because often the stomach does contain some bile. Being sure she has not allowed the patient to swallow too much tube usually prevents the bucket's passing out of the stomach.

(6) *Removal of the tube*

This must be done more cautiously than with the large rubber tube because it is more likely to be pulled in two, and the bucket left in the stomach or esophagus. Usually there is no difficulty in removing the tube, which is done by using the same technic as is

used in removing the large tube; however, occasionally, when the bucket or tip is removed as far as the pharynx, the muscles of the throat go into a temporary spasm and refuse to allow the bucket to pass. This situation is easily handled by not attempting to withdraw the tube until the muscles relax. Their relaxation is easily determined by constantly exerting slight though firm and constant traction on the tube, which will easily come on out as the spasm relaxes. Tugging or jerking the tube only causes more spasm, and results in a very much frightened patient who firmly believes that the bucket is fastened in his or her throat, and cannot be removed.

When the test tubes containing the specimens have been turned over to the laboratory for study and analysis, the nurse's part has been completed.

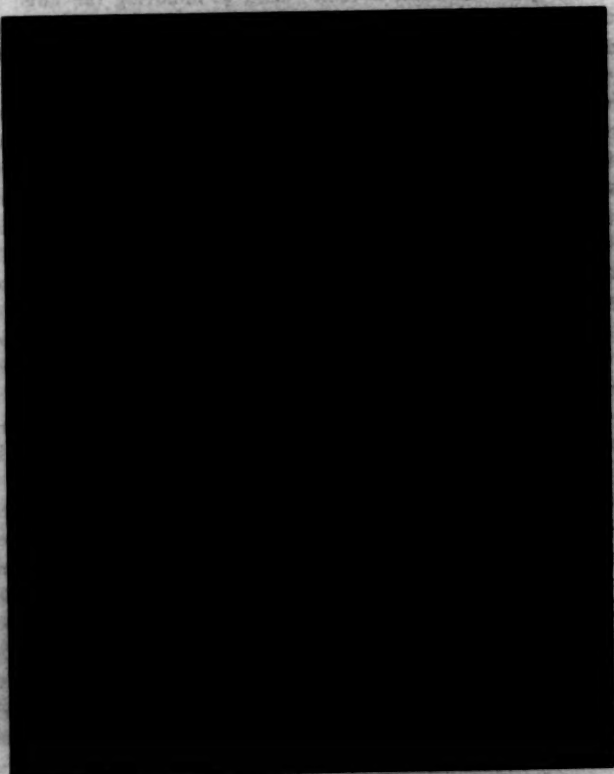
To Dr. R. McBrayer, Director of our laboratories, we owe our thanks and appreciation for his enthusiasm, practical efforts, and teaching, which have enabled us to prove conclusively that the nurse can be a very necessary and invaluable member of the triad mentioned above.

CLUB COLLECT

"Keep us, O God, from pettiness; let us be large in thought, in word, in deed. Let us be done with fault finding and leave off self-seeking. May we put away all pretense and meet each other face to face, without self-pity and without prejudice. May we never be hasty in judgment and always generous. Teach us to put into action our better impulses, straightforward and unafraid. Let us take time for all things; make us grow calm, serene and gentle. Grant that we may realize it is the little things that create differences; that in the big things of life we are one. And may we strive to touch and to know the great common woman's heart of us all; and, O Lord God, let us never forget to be kind."

Written for the National Federation of Business and Professional Women's Clubs, Inc., by Mary Stewart, a member of the National Board, Independent Woman, February, 1923.

WHO'S WHO IN THE NURSING WORLD



XXV. CAROLYN ELIZABETH GRAY

BIRTHPLACE: New York City. **PARENTAGE:** Scotch-Irish. **PRELIMINARY EDUCATION:** Private schools, New York. **COLLEGE:** Columbia University, degrees of B.S. and A.M. **PROFESSIONAL EDUCATION:** New York City Training School, under Louise Darche and Diana C. Kimber. **POSITIONS HELD:** Taught in public schools, three years. Superintendent Gouverneur Hospital, New York; Superintendent Fordham Hospital, New York; Instructor, New York City Training School; Superintendent of Nurses, Pittsburgh Homoeopathic Hospital; Superintendent City Hospital School of Nursing, New York; Secretary State Board of Nurse Examiners, New York; Assistant secretary, Committee on Nursing Education; Associate professor of nursing education, Col-

lege for Women, Western Reserve University, Professor of nursing education, College for Women, Western Reserve University, Cleveland, Ohio. **PRESENT POSITION:** Dean, School of Nursing, Western Reserve University, Cleveland, Ohio. **OFFICES HELD:** President New York City League of Nursing Education, three years; President New York State League of Nursing Education, two years; Member Education Committee, National League, five years. **JOINT AUTHOR OF:** Kimber and Gray, *Anatomy and Physiology for Nurses*; various papers and addresses on nursing subjects. **EDITOR OF:** Department of Nursing and the Hospital, *Modern Hospital*. **ASSOCIATE:** School of Nursing, Western Reserve University, Cleveland, Ohio.

EDITORIALS

EIGHT CENTURIES OF HEALING

ST. Bartholomew's Hospital, London, celebrated its eight hundredth anniversary in June and in so doing celebrated eight hundred years of continuous and most distinguished service. Hoary with antiquity though it is, this is not the first English hospital of which we have record but, says the *History of Nursing*:

Of the now great and famous English hospitals the most ancient is St. Bartholomew. It is also the richest in historical association and in medical tradition, even as it still stands today foremost in liberal intelligence of science, gracious charity, and nursing standards of exceptional distinction.¹

In describing the celebration, the *British Journal of Nursing* says,

There gathered an illustrious company of delegates from the furthest outposts of the Empire, as well as from the United States of America, to praise God for the life and work of the Augustinian monk who, 800 years ago, "having nothing and yet possessing all things," raised to the glory of God, the Norman Priory Church, part of which has, alas, been demolished, but part, carefully restored, is a glory of the City of London.

The hospital, it will be recalled, was established by Rahere as subsidiary to the church in order that the sick poor might be cared for.

The series of events which comprised the celebration is described by our sister Journal as full of dignity and splendor. They began quite fittingly with a service in the church which was followed by a "Solemnity" in which a little group of the ecclesiastical descendants of Rahere marched through the hospital quadrangle. Superbly beauti-

ful and colorful pageants, closing with a procession illustrative of the work of the hospital today and of its War Service, commemorated some of the outstanding events in the history of the ancient foundation.

The Prince of Wales, as President of the Hospital, received addresses from the delegates in the Guild Hall. Again we quote our sister Journal:

This handsome Council Hall of the City of London is a fitting setting for stately functions, and the academic robes of the distinguished representatives of many universities from all parts of the world, provided a wealth of color which added greatly to the beauty of the scene.

The commemoration medals bear the head of Rahere on the obverse and on the reverse that of William Harvey, discoverer of the circulation of the blood, who was connected with the hospital from 1607 to 1643.

America's representatives were Dr. W. H. Welch and Dr. S. S. Goldwater. Nursing seems not to have played a very prominent part in the celebration, although we note, in the *London Times*, that the Prince of Wales announced that a new nurses' home was nearing completion and that a new wing would shortly be added to it, a statement that would cause any American nursing school administrator to feel akin to the nurses of St. Bartholomew's.

Although American nursing history is very brief, we too share in the traditions of England's glorious achievements.

THE DEARTH OF INSTRUCTORS

THE shortage of instructors is perennial. It is always most acutely felt at this season when our schools are

¹ Nutting and Deck, Vol. 1.

settling down to another year's work. This dearth, like other shortages in our profession, is due in part to increasing demands. Three other factors enter into the situation. They are the anomalous and unsatisfactory status accorded instructors in some of the schools; the relatively large amount of preparation demanded by the very nature of the work; and the failure of the schools to recognize their obligation to produce instructors. It is this third factor we would discuss here.

During the school year about to open, Senior nurses will be influenced for or against the various specialties. Much will depend on the quality of the courses offered. Much will also depend upon the attitude of executives and instructors toward the different branches of nursing. If class work is looked upon as a necessary evil instead of as a basic, vitally interesting and essential element in the education of nurses, there will be little evidence of interest in teaching on the part of the students who are choosing their life work.

Good schools must learn to provide for their own future needs. It is unfair to expect other schools to provide instructors for schools that are themselves sending no nurses into this specialty. It is unsound to expect teacher training institutions to provide instructors for schools that have never sent an alumna on for special preparation. The day may come when we can depend on the university schools for most of our instructors and administrators. That day lies far in the future. The university schools are not yet meeting their own needs.

Good nurses can be produced only by good teachers. Good teachers are still

all too rare. The situation can be met only if every strong school makes a distinct effort to guide some of its well qualified students into this field. Scholarships will prove helpful. Opportunities in the Senior year for assisting the regular instructors are highly prized in a few schools. Most vital of all, perhaps, is clear vision on the part of the directors of the schools and frank recognition of their responsibility in the matter. The instructors of tomorrow are among the students of today. These students must be given true insight into the dignity and worth of the work of instructors in order that those temperamentally and educationally qualified may have a sound basis for judgment. The cause cannot be helped by merely deploring the shortage. It can and must be helped by clear sighted administrators who appreciate the fact that if they expect to have instructors they must help a suitable quota of their graduates to secure the necessary preparation for satisfying service in this vitally important specialty.

ALMA MATER

THE school that has not knit its alumnae to it by indissoluble bonds of loyalty, affection, and understanding is incomplete. It is missing the vitalizing effect of participation in the achievements of its graduates. Fortunate are the nurses who know themselves to be as welcome at the home school in time of adversity as in time of rejoicing. Unhappy are those who have never experienced the spirit of hominess and helpfulness created by liberal minded, generous hearted and hospitable superintendents.

The feeling that one "belongs" is

perhaps the most gratifying in life. This gift, that of really "belonging," even after graduation, could be more generally bestowed by the heads of schools for nurses. Many are the devices that have been employed to bring about and maintain a happy relationship between school and alumnae. The obligation cannot be cancelled by providing for an annual reunion and then forgetting all about those who do not dwell under the home roof.

One woman of worldwide influence has for many years regularly set aside certain afternoons when it was known to all and sundry of her "children" that they could find a cup of tea and a welcome in her apartment. That woman has had the joy of participating in the achievements of her graduates and in their development. Annual reunions in the school she has long directed are eagerly-anticipated and joyously-shared events, rather than perfunctory duties.

This sharing of experience has been of tremendous worth to the alumnae. It is well to remember that it has also enriched the school itself by stimulating it to increased effort and by returning to the staff successive generations of well rounded women.

DIAMONDS

“**A** diamond is a piece of coal that stayed on its job.” So runs the legend on the bulletin board of a popular church. It set us to thinking of diamonds in general and diamonds in particular and we discover that we have professional diamonds. These, like the most brilliant of gems, not only adorn but are of great intrinsic worth. They are women of clear vision who, staying on the job year by year and through

constant study and effort have added to their usefulness in their chosen communities. These jewels are to be found in all the branches of nursing. Private duty nurses, who have not allowed their early ideals and technic to fall into disuse and who have kept pace with general professional advances while building up large and appreciative clienteles may properly be so classed.

There are some brilliant gems in the public health field. These might properly be described also as prominent citizens so widely known and universally respected are they. Some of those we have in mind are not only actively directing important organizations, but are serving on innumerable committees. A few of them are members of the boards of hospitals and of training school committees and so function as true coordinators in the development of nursing and health programmes of the communities.

Some of the schools for nurses have been fortunate in the long tenure of office in both major and minor positions of women blessed with the gift of growth who have stayed on the job to the great advantage of the schools. Such women exert an influence so widespread as to be incalculable.

Diamonds stay on the job because they must. The really useful women are those who have remained, not because it seemed the easy thing to do, nor because of their own comfort or prestige, but because of their constant awareness of advancements to be made and of opportunities to be grasped.

A diamond is a piece of coal that stayed on the job, but the carbon of which it is composed has had no choice as to whether it would be smoky bituminous or clear burning anthracite coal,

nor yet whether it would be transmuted into the loveliest of all precious stones. In nursing there is always the privilege of choice.

A QUESTION BOX

BEGINNING with the October issue, the JOURNAL will carry a depart-

ment for questions and answers. Every effort will be made to secure authoritative information and only questions of general interest can be given space in the new department. The editors will endeavor, however, to answer questions of individual importance if a stamped and addressed envelope is enclosed.

OUR CONTRIBUTORS

Elizabeth Gibson, R.N., is a graduate of the Eliot Hospital, Manchester, N. H., class of 1912; of the Boston Floating Hospital postgraduate course, and of the four months' course Instructive District Nursing Association, Boston. She has been a visiting nurse in Suncook, N. H.; a Metropolitan nurse in Manchester; an industrial nurse in Manchester; Supervisor of the Concord District Nursing Association, and a Red Cross orthopedic nurse in Nashua. She has had six months of institutional work in Redlands, Calif.

Helen M. Smith, R.N., is the Dean of the College for Women Western Reserve University, Cleveland, of which she is a graduate.

Mary Corinne Bancroft, R.N., is of the class of 1914, Jewish Hospital, Cincinnati, and has held institutional positions since then. She has been Supervisor of Surgery in the Children's Hospital; she was in Government Service, 1918-1919; Supervisor of the Children's Ward, Jewish Hospital; Head Nurse of the Infants' Department, Children's Hospital, Cincinnati, and for the past year an instructor and in charge of infant feeding.

Annette Fiske, M.A., is a graduate of Radcliffe College and of the Waltham Training School, Waltham, Mass., 1903. She was Assistant Superintendent at the Cambridge School of Nursing for two years, and Supervising Nurse for the Milk and Baby Hygiene Association for some time. She has been Instructor in the Waltham School for the past three years. She has devoted much time to private duty nursing.

Mollie A. Hand, R.N., is a graduate of the Norwalk Hospital, Norwalk, Conn. She served for one year as Army Nurse at U. S. General Hospital, No. 30, Rahway, N. J. She is now Industrial Nurse for the Knox Hat Company.

Elizabeth Connolly, R.N., is a graduate of the Charlotte Sanatorium Training School, Charlotte, N. C. She served for one year in the war, being overseas for six months. At present she is Superintendent of Nurses, North Carolina Sanatorium and is a member of the Board of Directors of the State Nurses' Association.

M. Adelaide Nutting, R.N., M.A., Director, Department of Nursing and Health, Teachers College, Columbia University, New York. (See Who's Who in the Journal for March, 1922.)

Charles F. Rittenhouse is Professor of Accounting, Boston University, Boston, Mass.

Florence M. Redfield, R.N., M.A., is a graduate of Mount Holyoke College, 1908, and of Grace Hospital, New Haven, 1910. She spent one year at Teachers College, 1919-1920. Her work has been with the New Haven Visiting Nurse Association.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THIRTY YEARS OF PROGRESS IN NURSING¹

BY M. ADELAIDE NUTTING

I am asked to tell you tonight something of the progress made in nursing during the thirty years since this society was established, and I must acknowledge frankly at the outset that the task is attempted with some hesitation, for the idea of progress is the subject of much discussion these days, and we are not nearly as sure about it as we used to be. What is progress? Is it that kind of improvement which can be measured by statistics? This was the prevailing idea during the last century, says Dean Inge. It was obvious to many of our grandparents that the nation which travels 60 miles an hour must be five times as civilized as one which travels only twelve. I am inclined to think that this would still seem an obvious measure of progress to many of the grandchildren of those grandparents.

Or is progress a spiritual thing? There are those who believe this, and think that human betterment can only come through the development of our spiritual capacities and that all other things should serve as means to this end. And then there are numerous other ideas about it, from those of Wells, who sees only mental progress—a clearing and enlargement of ideas, to others who think progress can come only through science, or through education or through new forms of social organization.

In trying, therefore, to show some of

the ways in which nursing has grown to its present stature, I do so with no certainty as to how far such growth is evidence of real progress. It is obvious that at certain stages of our journey, changes were made which seemed to lead in the right direction, but some of the results as we now see them do little to satisfy us of the wisdom of the course then taken. Moreover, we are, I am sure quite too near the past thirty years in which most of us have lived and worked to be able to secure any adequate perspective of our field of labor or the part we have played in it. It would be difficult to bring a dispassionate judgment to bear upon matters with which we have been so intimately concerned. But we can at least trace the main lines of development and follow the sequence of events, for such appraisal as we can bring to them.

The past thirty years in nursing show a period of intense activity, of rapid and continuous development in old and in new fields of work, of a consequent phenomenal growth in numbers and of many new and complex problems arising within the work itself and in our various relationships outside of it.

The earliest schools of nursing in this country were created independently of hospitals by boards or committees with power and freedom to develop the education of nurses as they would. From the beginning that responsibility was largely given over to the hospitals with which they were connected and eventually

¹ Read at the twenty-eighth annual meeting of the National League of Nursing Education, Boston, Mass., June 19, 1923.

transferred wholly to them. What one surveys then in looking back over the developments in nursing is a period of nearly fifty years of almost unrestricted experiment with a system of education in which the school has existed as an integral part of the hospital, created and conducted to serve its needs, with the education of the nurse becoming thereby and inevitably a by-product of her service to the hospital.

Offering as these early schools did a new field of training and occupation for women at a time when such fields were rare, they attracted a large number of students, some of whom were women of rather exceptional ability. The result of their labors was that reform of hospital nursing to which must undoubtedly be attributed in considerable degree the extraordinary growth of hospitals which has characterized the past thirty years.

At the first convention held by this Society thirty years ago there were present 44 heads of training schools coming from Canada as well as the United States. As the entire number of such schools was then about 70, this was a good representation. Thirteen states were represented, 9 of them by a single member only. Today there are schools of nursing in every state and large numbers in several of them. There are schools of nursing also in the Philippines, in Hawaii, in Porto Rico, and in Cuba, built up by American nurses. I see that there are now 75 trained nurses at work in far Alaska. So I suppose that schools will soon be on their way there, perhaps, indeed, they are there already.

Altogether there are now recorded about 1800 schools of nursing which have grown up in the rapidly multiplying hospitals of the country during the past

thirty years. A picture of their rate of growth is interesting. In the ten years between 1890 and 1900, there were over 400 schools of nursing established in connection with hospitals which arose during that period; in the next ten years, about 700 more schools were created in newly erected hospitals; and in the last ten years just ended, there are recorded a further 600 schools of nursing of similar origin. In all of these hospitals the first imperative need was a good nursing service, and no one saw any way of providing this except by creating schools whose students could form the nursing staff. Of course, the continuous demand for nurses in such large numbers who were capable of organizing schools and of directing their work was obviously an entirely impossible one to meet. These new schools, arising at a rate of nearly two schools a day, had to be built up in various sections of the country out of whatever material was available for the purpose, and the results of that period of hasty growth form a part of our educational problem in nursing today. Think what it meant to a young profession just beginning to develop its educational structure, and to work out its standards of practice, to be forced into such abnormal growth as the fast multiplying hospitals of the period required.

A careful study of the situation will show these schools adjusting themselves more and more completely to the hospitals with which they were connected, more and more absorbed in efforts to meet their manifold and constantly increasing needs. Whichever way hospitals grow, their schools as a matter of course followed in the matter of service required. Never, probably, in history has any institution, philanthropic or

otherwise, had so useful and flexible an instrument of service at its command. Seldom does history record a service of purer devotion, than that which schools of nursing have rendered to hospitals. Naturally, during the greater part of this period there has not been much opportunity for educational development, both because the entire energies of the schools were absorbed in meeting the working demands of the moment, and for other reasons which will be considered later. Yet educational advances have been made and some of them are noteworthy.

It is in the direction of numbers and of enlargement in fields of work that the most noticeable advances have been made. Numerically, indeed, nursing is moving on with a swift and apparently increasing momentum which nothing in sight seems likely to check.

Shortly before this Society was formed in 1893, there were not 500 graduate nurses in the whole country. The last census shows about 150,000 graduate nurses, trained and registered, and it is of interest to note that a very large proportion (80 per cent) of the whole increase of women in all professional service was found in just two pursuits—nursing and teaching. It is of further interest for us to realize clearly that we have now reached a stage where we are graduating approximately 15,000 nurses annually, and that the certainty of increasing the existing number by 150,000 at the end of the current ten-year period offers something to think about. Even with any degree of depreciation that seems likely to occur, there is more than a reasonable outlook that we may all live to hear the last faint echo of the final cry of a shortage of nurses.

The expansion of the field of nursing has been extraordinary and is still going on. Its extent and diversity can only be roughly indicated here. Within each field there is found a good deal of elaboration and specialization, most notable perhaps in hospitals and training schools where the single official who formerly directed the nursing service and did all the teaching there was, has given place to a whole hierarchy of assistants, supervisors, (one hospital has three distinct types of supervisors), instructors, and special workers. The Bureau of Occupations at Nursing Headquarters listed recently thirty different kinds of work for which nurses with some form of special training or experience were required.

Medicine is steadily transferring to nursing, duties and procedures hitherto performed only by physicians. The giving of anaesthetics, for instance, has been in some places turned over entirely from physicians to nurses despite the fact that laws in other sections have been enacted forbidding it. A recent article by Dr. Goldwater proposes the passing over to nurses of an entirely new range of duties now the province of the medical internae, and shows how in certain hospitals this transfer is already going on, such nurses becoming known as clinic assistants. In public health work, which offers a new and apparently almost limitless field of activity for nurses, there are several quite distinct branches of work calling for special preparation, such as School Nursing, Maternity and Infant Protection, Rural Nursing, Industrial Nursing, and others.

The Public Health movement did not create the public health nurse, it found

her at work in her district nursing the sick, watching over their families and the neighborhood, and teaching in the homes those sanitary practices, those measures of personal and home hygiene, which do much to prevent disease and to promote health. Such visiting nurses whose teaching was a cardinal principle of their work were occupied in at least fifty communities when the public health campaign was set in motion. But forty years before this date, the work had its origin in England as one of the first results of the reform in nursing then taking place. The duty of inculcating hygienic habits in home life was always as incumbent upon the district nurse in England as her actual care of the sick. The importance of this kind of teaching is hardly understood until one sees it in the light of the modern public health movement and realizes that it has become a cornerstone of that whole structure. The nurse familiar with the ravages of disease becomes your truly zealous crusader against it.

There are now about 12,000 nurses engaged in some form of public health work and the usefulness of their efforts so far has created a steady demand for more of them and for the kind of preparation which will enable them to contribute more fully and effectively to the growing needs of the most promising field which nurses have as yet entered.

A most important phase of progress has been the development of nursing associations. The formation of the Society of Superintendents was the recognition of problems common to all nurses, which could not be handled in any isolated effort, and called for their united energies; one of its avowed purposes was to foster the creation of a

national association of trained nurses. A few training school alumnae associations were already in existence, and within a few years there arose: first, the Nurses' Associated Alumnae, which later became the American Nurses' Association; then there followed in rapid succession the organization of state nurses' associations which, within a comparatively brief period, were formed in every state. With these organizations began, in 1903, the first attempt through appropriate legislation to bring order out of the chaos in educational standards, methods and ideals, which had resulted from the rapid and uncontrolled growth of training schools for nurses, over a long period of years. The laws secured are very modest in all of their requirements, and most of them are as yet permissive only. Their educational standard is a moderate one,—in most states one or two years of high school is called for, followed by two years of hospital training, as a rule accompanied by a very slender body of formal instruction.

The entire profession of nursing is now organized very much after the fashion of the medical and other professions. Every state has its body of practicing nurses, its schools for training them, its associations of nurses, its laws regulating the practice of nursing and in some small degree the preparation for it. There are three National Associations and an International Council of Nurses of which fourteen countries are members and which has held conferences in London, Paris, Cologne, and San Francisco. It is now gathering itself together following the suspension of work during the war, and holds its next congress at Helsingfors, Finland, in 1925.

Nursing has also developed something in the way of a literature. Thirty years ago there were but one or two very elementary books on nursing, now several eminent publishing houses vie with each other in ministering to the needs of student nurses. One of the generous contributions of medicine to nursing is the array of text-books for nurses written by physicians, particularly those on the sciences.

There are two or three excellent nursing periodicals of national scope, and several state and alumnae publications.

Thus roughly reviewing the general growth and development in nursing, we reach the most important element in the situation,—the school of nursing. Contrasting the conditions in our leading schools today with those of the past we may well feel that great advances have been made. Measuring them by the changing need in the large and growing field of work occupied by nurses, or by any generally accepted standards of professional education, they must seem relatively small. It is little wonder, however, that they seem large to those who have labored to secure them, and know how slow and difficult the process has been, and how precarious often the gains made. For against suitable educational and other requirements for admission the hospital sets its imperative need for large numbers of workers irrespective of the fine shades of qualifications; against reasonable hours of duty for student nurses, it holds up the undeniable necessities of the sick, for nursing service. There is a clearly discernible tradition still lingering in most hospitals that every hour the nurse spends in class room or study is taken away from the patients to whom by right it belongs.

Against the indispensable costs in any deserving scheme of education the hospital opposes its lack of resources for such purpose. But costs must be placed somewhere. They are incurred in a measure for every act, and are as inevitable as death. Somebody always pays,—and schools of nursing which in the very nature of things should be a matter of constant and appreciable expense, have been for years through the services of their students contributors to hospital incomes.

In a sense the superintendent of a school of nursing is ever at war with herself. She is not only director of the school, but of the nursing service and her desire to take good care of the sick is presumably as great as to provide adequate training for her students. In her battle-field which the hospital is, she holds conflicting responsibilities. The balance between them is struck with difficulty. Hospitals should be placed in a position to pay for such nursing and other services as they require and the value of the services of students should not enter into the situation. Upon the school of nursing in the final analysis all true progress in nursing must depend. Its standards and methods and its ideals are matters of serious moment, not only to nurses, but to all who are or may be concerned with sickness or the safeguarding of health,—in a word, the entire subject.

The education of nurses has long been a favorite subject for controversy, but it is not always realized that schools of nursing hold a peculiar relationship to hospitals, whose needs and interests they have so universally been created to serve. They have not, therefore, either the freedom, the power or the resources

to deal adequately with their very complex educational problem, or to develop their schools beyond a certain point. This should always be remembered in any discussion of their work. In estimating genuine and permanent advances of recent years, the most outstanding would probably be found in the better quality of teaching and supervision, and in the enlargement and wider range of instruction. The employment of trained teachers in schools has now been going on for about ten years, and is steadily increasing, and this, together with the introduction in 1914 of a curriculum for schools of nursing has helped to strengthen teaching materially in nearly every subject.

The preliminary courses which offered something in the way of a reform twenty years ago are now found in most schools of good standing, and they have done much to insure at least a minimum of sound teaching in the sciences.

Hours of duty are still a most serious problem. With the exception of the State of California in which student nurses in hospitals come under the provisions of the eight-hour law, the eight-hour day has made slow headway in hospitals generally. A nine-hour day is still the working day for students in the majority of hospitals, and twelve hours the all but universal system for night duty.

There is no one condition which stands more squarely in the path of progress in nursing than this survival of long hours for student nurses in hospitals. It is difficult to refrain from asking why they should be longer tolerated in institutions devoted to the saving of human life and health. One would naturally expect the whole purpose and

spirit of hospitals to find appropriate expression in measures for conserving and safeguarding the strength and energies of those whom they employ.

The difficulty in giving the desired amount and variety of instruction within the two-year course led to the extension of that course to three years. This was begun with the highest hopes of effecting numerous improvements in the whole scheme of training; but as time went on, it became increasingly clear that the third year was of great importance to the hospital, but of most uncertain benefit to the students as a body. The third year was virtually swallowed up by the hospital and became largely an added year of experience often in services in which the student had already spent her required number of months.

Those with some promise of executive ability were placed in charge of wards or other departments, spending from six to ten months in this capacity. The length of the period of night duty, already too long, was extended, sometimes to ten or eleven months, as was also almost universally the length of the period of service in the private wards either on general or special duty. Except in a few instances, no new branches of training were available, and no resources to develop new courses of instruction or to find adequately qualified teachers for them. The amount of theory offered in the third year is sometimes less than half of the amount given in the first and second years, and the school is evidently put to it to find either subjects or teachers to fill this period creditably with instruction. The work of the third year must either be required or elective. If required, then

the training and instruction given must offer equal opportunity for all. Now the electives offered are few, suited only to the capacities of a small number and are chiefly in the form of experience unaccompanied by any appropriate instruction.

Eventually, after several years of trial, it seemed evident that a proper use of the students' time was probably impossible, and that the attempt to improve the education of nurses by thus lengthening the course of training was not under the existing system a sound or just policy. To me, at least, it finally became entirely clear that we had not made the best possible use of the two-year period of training before embarking upon the third year, and that what we now must do was to retrace our steps and study carefully the whole of the work in the two-year course with the view of finding out just what could be done to make the best possible use of the students' time. It is because I take the ground as the Report does, that the training school must remain for some time to come with the hospital, as it now is, though I hope with increasing freedom to pursue its work, that I am willing to see the three-year course to which I looked forward years ago with ardent hopes, reduced to a period which can be properly used within the hospital. It is not against three years of training in itself, but three years within the hospital that one finds oneself ranged. The appeal made by the Society of Superintendents of Schools of Nursing to the Carnegie Foundation in 1911 to make a study of the work in schools of nursing testifies to our growing anxiety over our educational problems which we seemed powerless to solve unaided. That

foundation was then otherwise engaged and could not help us. Ten years later, however, such a study was in progress. The developments in the field of nursing had reached a stage where a serious study of the methods of training had become imperative and financed by the Rockefeller Foundation, directed by a Committee representing medicine, nursing and the laity, the entire system of education in nursing has been subjected to careful scrutiny and impartial evaluation. The study has occupied three years, was conducted by experts in various branches of education, and guided by a trained investigator of eminence in her particular field—Josephine Goldmark. This study with the full report which has just been published is an event of the first magnitude—and it is difficult to estimate in any adequate way the effect which it will have upon the whole nursing situation. Already it has clarified to the public mind a number of obscure or complex issues, and has served to set in motion that discussion and consideration of the desired changes in method which is the first step toward their realization. Every nurse should not only study this report, but should bring it to the attention of as large a number of others outside of nursing as can be reached. The Report should be in the hands of all hospital trustees and of physicians concerned with the education of nurses.

There is one point in the report which we must not overlook. Nursing has always cut a wide swath in its own conception of its task, and has brought thereby within the range of its efforts much that had little to do with nursing, and also a good many patients whose ailments were not such as to require the

skilled care of a trained nurse. Having accepted the idea that trained attendants are necessary in the care of certain mild forms of sickness, it is incumbent upon us to live squarely up to our convictions. We shall need to apply the same zeal, energy and resourcefulness in our efforts to train attendants that we apply to our other problems. There should be a committee at work on this matter in every state, selecting suitable places for training, working out appropriate ways of finding a suitable supply of applicants, advising and guiding every step of their training, and continuing to safeguard their practice and working lives in every practicable way in order not only that those who employ them, but that these workers themselves may be protected.

Surveying the course of events during the years in which we have been struggling with our educational problems, one is tempted to wonder if the decisive moment in our educational progress may not have come unseen and unrecognized on the day when some part of the education of nurses passed out beyond the hospital and into the university, into an institution which did not need or desire to make use of the services of students, the day when Isabel Hampton with the support of this Society prevailed upon the Dean of Teachers College to open the doors of that department of Columbia University to graduate nurses. For within a few years an organized body of instruction for nurses was built up there, a professorship in nursing established, and the first endowment for the university education of nurses received, through which the college was enabled not only to develop its existing work, but to lay the foundation for the train-

ing of public health nurses. Within a few more years, that valorous friend of nursing, Dr. Beard, has brought about the establishment of a university school of nursing in Minnesota, and now this has been followed by similar schools in other states, you all know. The past few weeks have seen another step forward in the founding of two more schools of nursing, on a distinctly new basis. These are the schools at Western Reserve University, Cleveland, endowed by Mrs. Chester Bolton, and at Yale University by the Rockefeller Foundation. Greatly as we have rejoiced in every new link which connects nursing with the university we have here cause for deeper satisfaction. Schools of nursing in the past have all lacked two great essentials, first, adequate funds for their support; second, an administrative body charged with the responsibility of conducting educational work. What sets this new school at Yale University far in advance of any other in its possibilities is that it has seen these two conditions as fundamental to the proper education of nurses. The school is to have its own funds (I deliberately put these first), its own Dean, faculty, buildings and equipment. Although the plans are not fully formulated, there is little reason to doubt that the school at Western Reserve University will follow a somewhat similar plan.

So at last we have reached the stage where these things, the every day conditions of other forms of professional education are now to be applied to the education of nurses. The school at Yale University is avowedly committed to an experiment, a much needed and most important one in our educational field. Our Miss Goodrich, who has undertaken

this task is by temperament and habit a pioneer and a resolute and adventurous one. She has no fear of treading any new path. Her capacity for brilliant leadership is well known, and her long and richly varied experience in administrative tasks in nursing will enable her to make the fullest possible use of the inspiring opportunities and resources before her. The loss at Teachers College of her devoted work for our students is very great. There is no one who can take her place. There never, in fact, could be anybody to do that. But our interest in the important educational experiment she is courageously attacking is almost as great as her own—our anxiety to help forward experiments and advances in the education of nurses is part of our very being, and of our reason for existence.

The picture of the growth of nursing as I have tried to sketch it outlines only

main factors in our progress and not all probably even of them. How coldly bare and formal it all sounds in the mere recital, how full in actual life it has been of warm devotion and of splendid energy of heroic tasks carried through with unfaltering courage and of common daily tasks patiently and faithfully fulfilled. Our golden age, however, is not in the past, it is in the future, and the best inheritance we can carry over from the past is the spirit which has brought us through these difficult years, with undiminished courage and unshaken faith in the beliefs and principles for which we have striven, the spirit which leads one to seek ever for a better way, leads one to question, to search, to grope for the right solution to the difficult problem. Guided by it one may falter, one may fall, but the spirit which giveth life survives error, survives even failure. It alone leads to progress.

"Why should we expect to do the work of the Universe in a lifetime? We can't do that, but we can do a lifetime's work in the Universe and be glad."—Samuel McChord Crothers.

AMERICAN EDUCATIONAL WEEK

The American Legion, the National Education Association, and the United States Bureau of Education are urging that the week beginning November 8 be devoted to considering the need for better education for the children of America. Cooperation is asked of all ministers, mayors, newspapers and magazines, merchants, moving picture theatres, etc. The special topics suggested for the week are: Sunday, For God and Country; Monday, American Constitution; Tuesday, Patriotism; Wednesday, School and Teacher; Thursday, Illiteracy; Friday, The Community; Saturday, Physical Education.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross



The Theatre of Herodas Atticus, Athens, Greece, where the members of the American Red Cross were decorated by the Greek King on June 26, 1923.

AMERICAN RED CROSS NURSES DECORATED BY KING OF GREECE

ONE of the most spectacular events which ever attended the withdrawal of the American Red Cross from a foreign country was the fete held on the 26th day of June by the Mayor and citizens of Athens, Greece, in appreciation of the response of the American people to the need of assistance which beset Greece with the influx of the Smyrna refugees.

The fete was held in the ancient Theatre of Herodas Atticus, an open air auditorium built 160 A. D., on the side of the Acropolis. The entrance was

draped with Greek and American flags, and in conspicuous places stood the King's guards in their picturesque white kilted costumes and red caps.

The programme included addresses by the Mayor of Athens and the Minister of Public Assistance, with whose department the work of the American Red Cross has been closely associated. Colonel Wm. H. Haskell, the American Red Cross Commissioner to Greece, responded with a short address.

The music included the National hymns of America and Greece, rendered by two military bands and the best orchestra of Athens, while one of the



King George of Greece entering the Theater of Herodius Atticus for the celebration in honor of the American Red Cross and the decoration of its members.



Mrs. Charlotte M. Hollman receiving the congratulations of the King of Greece.

most attractive features of the celebration was the singing of "Douce Patrie" (from *Aida*) by a young Greek woman who stood in one of the niches of the old wall and entranced by her statuesque grace and beauty, which were as classic as her song.

Decorations were presented to the members of the American Red Cross Staff by the King, the Prime Minister, and the Minister of Public Assistance. To the American Red-Cross was awarded the Grand Cordon of the Order of the Redeemer; to the Chairman of the American Red Cross, Judge John Barton Payne, the Grand Cordon of the Order of King George I; and to the Director of Foreign Operations, Colonel Ernest Bicknell, the Cross of Knight Grand Commander of the Order of the Redeemer.

There were thirty-nine decorations awarded, and ten of these were bestowed upon the American Red Cross nurses whose work in that sorely beset country has been watched with great interest by the nurses of our own: Mrs. Charlotte M. Heilman, Director of Nursing Service for Greece; Christine Nuno, Assistant Director of Nursing; Alice Carr, Mary Weiss, Stella Mathews, Lily Smith, Eleanor Dove, Anna Edison, Rose Regina Schaub, and Mrs. Byrtene Anderson. Mrs. Heilman, Alice Carr, and Lily Smith are graduates of the Johns Hopkins School of Nursing, while the others nurses are from Schools of Nursing connected with the following hospitals: Miss Nuno, St. Luke's, New York; Miss Weiss, the New York Post Graduate Hospital; Miss Mathews, Knowlton Hospital, Milwaukee; Miss Dove, the Robert Garrett Hospital,

Baltimore, Md., 1913, and Bellevue, New York, 1919; Miss Edison, Boothby Surgical Hospital, Boston, Massachusetts; Mrs. Anderson, West Ellis Hospital, Chattanooga, Tenn.; and Miss Schaub, the Jewish Hospital, Philadelphia.

ITRNAS

Elizabeth G. Fox returned to National Headquarters the last of July from her recent trip abroad. We call attention to her article in the August 4 and August 11 issues of the *Red Cross Courier*.

Marion G. Parsons and Blanche Kacena have recently returned to America from the Prague School of Nursing. This work is now well established, and the American nurses are being withdrawn, leaving the School under the direction of the Czecho-Slovakian Red Cross. Miss Kacena will take a few months of rest before deciding upon future plans, and Miss Parsons will spend some weeks in study at Teachers College, Columbia University.

Lena Margaret Johnson and Emily Skorupa recently returned from American Red Cross Service with the School of Nursing at Poznan, Poland. Their accounts of the present European situation were most interesting, albeit somewhat disturbing as well. They told of a recent visit of Marshal Foch to Poland, his review of the Polish Army of 200,000 soldiers, and his urgent advice that the Army be raised to 600,000 men as soon as possible. Miss Johnson's plans for the future have not yet been definitely decided. Miss Skorupa will in all probability return to the field of Public Health Nursing.

Mary H. Bethel has returned to America for a vacation. She was re-



The Prague School of Nursing, Miss Parsons and Miss Kacena seated in the center.

leased two years ago from American Red Cross Service in Europe to the American Hospital, Constantinople, where she has since served as Assistant Superintendent of the American Hospital and School of Nursing. To this position she will return upon the completion of her rest in America.

All nurses will be interested in learning that the Delano Red Cross Nurse

Fund has been augmented to provide for three new services. One of the nurses when chosen will be assigned to Buchanan, Virginia; a second to a group of three counties in Idaho, while \$3,000 has been added to the amount available for the establishing of another service where most needed. The Delano Red Cross Nurse Committee plans to extend this activity as rapidly as funds permit.

APPLIED KNOWLEDGE

A nutrition worker writes: "You may be interested in an experiment made by three little boys in a rural home in this county. I use the 'Rat Chart' of Dr. McCollum's a great deal. After showing this in one school where three brothers were much underweight, they went home and told their mother all about it. She rather laughed at the idea, but they insisted that it must be true. They happened to find two very hungry, small kittens, so they asked their mother to let them try what cream would do to make them grow. They fed both the cats separated milk, but one had a tablespoon of cream at each feeding. In telling this, the mother said, 'We had great fun about it, but just look at the difference in the kittens. I now give my boys whole milk.'"

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

National Organization for Public Health Nursing

SOME SALIENT POINTS IN TUBERCULOSIS NURSING¹

By FLORENCE M. REEFIELD, R.N.

IN discussing some of the salient points in tuberculosis nursing, I speak from the point of view of the public health nurse who serves her community through bedside nursing, through her care of well babies, as well as sick, through her consideration of and help in all phases of the tuberculosis situation.

Tuberculosis nursing is so all inclusive that it is difficult to pick out a few points and consider these the most important. There are, however, three or four that we may never forget if we would make any impression on the work to be done.

Tuberculosis is a communicable, chronic disease. There may be active and inactive phases. This means that in our dealings with every active case we must use, and teach the family to use, the same precautions that we would employ in any other communicable disease. The modern technic of concurrent disinfection is not offensive or difficult as were more ancient methods. It involves primarily common sense and absolute cleanliness. Most people do not realize what is meant by absolute cleanliness, but they can learn. With less difficulty than at first appears people can, if they will, form habits of hand washing, dish washing, and disinfection of discharges and clothing, which will protect

the family from common colds and sore throats quite as well as from tuberculosis.

In this connection it is quite evident that the nurse must not only practice good technic but must also know how to teach it. Teaching is much more than merely presenting so much information to be accepted by the pupil. A psychologist recently said to us:

It matters little how hygienic is the milk and the cup in which it is offered. It must be presented in such a way as to be attractive, desired, used, if it is to build up strong bodies.

So with our teaching. The information must first cross the bridge between teacher and pupil; often a weary journey through mazes of language, custom prejudice. If we would send our ideas abroad we must learn, then, to clothe them so that they arrive neat, simple, so enticing, that to try them is a temptation our pupils cannot resist.

There are various helps to make our teaching attractive. If a nurse is so fortunate as to have the school nursing in her community, there are delightful health booklets, health games, songs, in addition to the Modern Health Crusade.

In one of the outlying towns our nurses are carrying the school nursing as part of the generalized programme. The Modern Health Crusade is well organized and is producing satisfying results. The school rooms are considered citias, each with its mayor and a health officer for each row of seats. This letter from one of the health citias reflects the general attitude of the pupils.

¹ Paper read at the Tuberculosis Institute held at the U. S. Veterans Hospital No. 41, New Haven, Conn.

Dear Miss Smith:

Feb. 28, 1923.

How are you? I am the Mayor of Room two. Our Crusade is getting better and better every day.

We are all out in the fresh air and all are healthy. We are all doing our chores each day. We have our chore cards in School now. We all like the chores. They are not hard at all.

I will be glad when summer comes.

Yours truly,

Eugene.

This boy is next to the youngest of a family of seven children whose mother died of tuberculosis three years ago. It is essential that he should practice good health habits. He is, as you see by his letter, learning them easily and happily as a game.

With the mother of the household, the work of disinfection must be simplified so that she is not overburdened. Boiling all dishes, rinsing with hot water which will evaporate as the dishes are turned out in a rack is not a difficult way of "doing" them, if one forms the habit. It requires a little more space, but less actual attention of the dishwasher, and saves the laundering of many dish towels. From the view of the public health nurse, it kills germs of all sorts and tends to avoid contamination from dirty towels and hands. The average housewife must be convinced with difficulty that it is not more work than the method her mother taught her, or that clean dishes drying in a rack on the sink drain do not make the house untidy. The ingenuity of the nurse in saving time and work for the housewife may mean winning the fight which otherwise would be lost.

All active cases are centers of infection, and for each one it is probable that there are an average eight persons who

have been exposed. It is these contacts and the early cases developing outside of the known contact groups that constitute our greatest opportunity. For tuberculosis is preventable and curable in the early stages. Whether or not a cure is effected depends upon the physical ability of the patient to build up his body tissues faster than the disease germs break them down. The earlier in the course of the disease war is declared, the better the prospect of victory for the patient. Success usually involves discarding a set of ready made habits and forming an entirely new set. This is hard work for patients, friends, and medical advisors. Hope acts as a spur, and the result justifies the effort.

Although we are all exposed to infections of various sorts we do not always become ill because we have a specific immunity for a given infection or because we possess a physical, mental and moral tone which tends to throw off all which does not contribute to that tone. In combatting any communicable or preventable disease, or in striving to attain positive health, the primary object is to develop such a physical tone. So, in our tuberculosis work, while we care for the bedridden patient to the very best of our ability, we also aim so to build up the general and specific powers of resistance of other members of the family that they may throw off easily whatever they have received of tuberculosis infection.

Practically all highly civilized peoples have so good a resistance to tuberculosis that the disease is slow in developing to a recognized degree. Our contact patient may have been exposed very slightly for a short period to the disease and therefore be unlikely to develop an

active condition. On the other hand, he may have been most intimately associated with an active case for a long period of time and have received so heavy an infection that he is likely to break down on the slightest provocation, or none. Nature may maintain the balance in favor of health as long as she has no additional strain to overcome. But if living or working conditions are not good, if an acute illness occurs, if overwork and worry become habitual, her attention seems to be concentrated elsewhere and that tuberculosis infection progresses by leaps and bounds.

To prevent the development of an active tuberculosis is really the task of the infected person, but the nurse must teach him how to do it, encourage and at times maintain his moral ability to do it, see that in some way or other he secures the material aids necessary, and never once think of letting him slip back until he is husky enough and old enough so that the possibility of active trouble is very remote. By that time he will have formed such good health habits that it will be easier than not to follow them the rest of his life.

The detailed programme which this care and supervision of tuberculosis contacts involves is just the same as that required to build up a healthy body resistant to disease of any sort with perhaps one exception. There must be periodic chest examinations. Now that all public health workers are teaching an annual complete physical examination for everyone, the programme differs less than formerly. The frequency of chest examinations required must of course be determined by the physician. The frequency of visits from the nurse must be determined by consideration of

many factors, such as the condition of the patients and the ability or inability of the family to meet independently the needs of the patients without sacrificing the welfare of other members. I have yet to see a truly satisfactory schedule. Probably nowhere have we had sufficient funds, workers, and moral backing to do as much as we would like to do.

The need for observing even small signs and for watching the child over a period of years is well told in an article in *The World's Health* for December, 1922, *The Protection of Children against Tuberculosis*, by Dr. F. Humbert.

It has been demonstrated that between the time of infection and the appearance of the first symptoms of the disease a period can be distinguished by minute and prolonged observation during which the reactions of the body are definitely modified, and it is important that the child should be carefully watched during this period. In very young children the symptoms which may give the first alarm are those connected with growth, temperature, weight, and digestive functions.

In the school age period, all physical details are important. A writer in the first century A. D. has described the general aspect of the patient predisposed to tuberculosis, the striking whiteness and transparency of the skin, the length and slenderness of the neck, the narrowness of the chest, the projecting shoulder-blades, the general emaciation, the development of superficial veins; the gentleness of expression. Besides these superficial indications there are others. Sometimes the child is small for his age, pale and sleepy-looking; more often he has "shot up" is tall, slight, round-shouldered and with head drooping forward. His chest is narrow, his arms are thin and his bones fragile; his legs are long, with prominent knee-joints and tibiae a little bent; his feet and hands are bony and his abdomen a little swollen. The tissues are flabby and without substance; the child moves slowly; his attitude reveals fatigue without cause; he is very sensitive to cold and shivers when undressed. The skin often shows minor lesions

which are small but persistent and subject to relapse. The nose and back of the throat often appear abnormal; the superficial glands are enlarged; search must be made by careful medical examination and by radioscapy for changes in volume of the glands situated inside the thorax. The digestive organs are often out of order; the appetite is irregular and failing, the child exhibiting repulsion for simple, healthy food. He may suffer from abdominal pain due to internal glandular enlargement; the action of the heart may also be irregular. In a word, there are a multitude of signs and symptoms which, taken together, will determine whether the child, is, or is not, on the threshold of tuberculosis. The fact must be insisted upon that one examination alone is nearly always sufficient to arrive at a definite diagnosis, and that periodic and prolonged observation is necessary in the majority of cases.

The more these signs and symptoms are studied, the more it becomes evident that what was formerly styled predisposition is often really deterioration due either to the direct action of the bacillus or to the poisons secreted by it, and that these symptoms should be regarded as direct manifestations of disease and not considered as constitutional weakness against which it is useless to fight. Optimism is a rule in preventive medicine: even symptoms of hereditary disease—pretended or real—can be cured when they are taken at the outset. But to do that continual detection and grading are necessary.

It is manifestly impossible for the nurse doing tuberculosis work to carry out alone the necessary care for active cases, the educational and supervisory support for contacts, and the general education of the public. Inasmuch as her goal is the same as that of all public health nurses and the detailed method of work includes those of communicable disease control, acute bedside nursing, child welfare work in all phases, industrial hygiene, the problems of indoor and outdoor relief, family social case work, and an infinite variety of other com-

munity welfare endeavors, her contact with other workers in the community is very close.

Upon her attitude toward these other workers, and the spirit of partnership which she can inspire in them will depend to a large extent the success of all. I do not mean to imply that the tuberculosis nurse must go all the way to meet the fellow worker. But everyone should, I think, aim to go more than half way. When we stop to consider that we have gone far enough, we are likely to lose that cordial relationship without which the tuberculosis patient and his family suffer. For after all we are all working to the same end, and there should be no quibbling or hard feeling as to duplication of visits, or which patient belongs to which organization. There should exist between the various groups of workers and their respective employers so friendly a spirit that the question can be frankly discussed and settled according to the character of the organization for the best good of the patient. Then when that point is settled, we all need to recognize the unquestionable right of the public authorities to come in to any of our families. There should be worked out a certain uniformity of teaching in order not to confuse an already confused family by apparent rather than real differences in directions. But ever bearing in mind that it is the duty as well as the privilege of public officials to take all steps needed for control of every communicable disease, we can hardly feel that they intrude when they call upon families who are old friends to us in private organizations.

The interdependence of the specialized and generalized workers is a fact

we often forget. We become absorbed in our own detailed task and fail to look beyond it to the broader aspect of community welfare. In tuberculosis work this is of particular importance. Consider for the moment your problem as Veterans' Bureau nurses and mine as a generalised nurse employed by a private organisation. You visit a given individual with a positive diagnosis and recommendations. You know, or at least your Bureau knows, his personal history, and you are sent out to see that he follows recommendations. You have little or no time in which to give bedside care to him or to another member of his family who may be ill. Many times you do not see the other members of his family. You are chiefly concerned with the detailed task assigned in connection with the one individual. If you are interested in the community, you must consider the people with whom this man comes in contact. You cannot fail to be concerned regarding his young wife and newborn baby. Or perhaps there are several small children and his wife must go out to work to supplement the allowance granted her husband. This leaves the father too sick to work, but still trying to keep house. To whom can you turn for help in this need? To a Visiting Nurse Association. Gladly will a nurse be sent in response to your request. She will serve that family individually and collectively. Here in New Haven we can also at need send a Home Economics worker to help the man and his children organise household duties and marketing so as to make a dollar go as far as possible, and accomplish the work of the home so that health may be protected.

On our side, if you do not report to

us the families of your patients no one will, in all probability, until someone is too ill to be really helped. You know the patient now; you visit him; you know of what his family consists and their living conditions. You lack time to give the ten or more years of continuous supervision which the ultimate health of those children demands. We have the facilities for giving bedside care and advisory for the whole family; we do not know the patient or his needs. As we work independently, we leave great gaping holes in the work to be done; as we work together, we more nearly cover the immediate tasks in a way which lays a good foundation for the future.

When we have cared for the active case of tuberculosis, protected his immediate associates from the disease, taught the patient and those with whom he has come in contact how to build up their resistance so as to win the individual fight for health, learned how to pull with the whole team of community workers, there is still no easy task awaiting us. For we must so record our work that the generation of nurses following us will know what we have done, how we have done it, and may learn from the results they see what mistakes of ours to avoid in order to accomplish still more. Tuberculosis records cannot be written for to-day, they must be written for to-morrow. The face of the individual or family history should picture conditions as they are at the time of the nurse's first contact with them. This should include a brief statement indicating specific economic and social conditions, as well as housekeeping habits and physical condition of each member of the family. The history

Chart of Family that has been in Contact with
Improving Δ TUBERCULOSIS

Normal \star

Predisposed Δ

Incipient \bullet

Died \blacksquare

CHART 1

1919



1919

1920

1921

1922



\star

Δ

Δ

\bullet

Δ

\blacksquare

\bullet

\star

\bullet

Δ

\bullet

Δ

\bullet

\star

\bullet

Δ

Δ

Δ

\bullet

\star

\blacksquare

Δ

Δ

\star

\bullet

Chart of Family that has been in Contact with
Improving Δ TUBERCULOSIS

Normal \star

Predisposed Δ

Incipient \bullet

Died \blacksquare

CHART 2

1918



1918

1919

1920

1921

1922



\star

\star

\bullet

Δ

Δ

Δ

Δ

\star

\star

\bullet

Δ

Δ

Δ

Δ

\star

\star

\bullet

Δ

Δ

Δ

Δ

\star

\star

Δ

Δ

Δ

Δ

Δ

\star

\star

\star

Δ

Δ

Δ

Δ

Chart of Family where Father has Died of

Normal ★

Predisposed ▲

Incipient ●

Died ■

1922



CHART 3

should be searched for possible tuberculosis infection or contact with active tuberculosis, and the result noted. Subsequent history should concern itself generally with such facts as will be of real value five or more years hence, for a tuberculosis family must be carried usually ten or more years, until the children are all adults.

Charts 1, 2 and 3 represent families in which the father has died of pulmonary tuberculosis. In all three the mother and children had been in close contact with the father during his illness and were in varying states of health at the time of his death. Upon the death of the father all other members of the families were admitted in our records as contact cases. In Chart 1, the mother and one child are the only ones who could be considered normal. Two were diagnosed incipient cases, three predisposed, the next to the youngest died very soon after the father. After four years conditions are far from satisfactory in this family. The baby is still classed as an incipient case. The other incipient one has improved but is still considerably below par. One predisposed has pulled up to about half normal, if such a term may be used. Another has remained practically unchanged, while

the third developed a positive tuberculosis and died.

The family represented in Chart 2 began with better conditions. Two normal children, one incipient tuberculosis and four predisposed is, however, not an ideal group for a widowed mother to support. In the five years we have known them the incipient condition has become inactive, and the child so far improved as to be practically normal now. The four youngest are still predisposed. In neither of these families is it safe, for individuals or community, to relax vigilant and aggressive work to build up the health of the children.

Chart 3 shows a family in which the father has recently died and in which the mother is predisposed. With two children diagnosed incipient, one predisposed, one about half normal, and only one of the six normal, what situation will we have four or five years from now? Without careful supervision and advice from a nurse, what chance has the one normal child for remaining normal? These are all typical of what so many nurses refer to as "only contact families."

The public has a right to require that we shall be able at any time to state from our records the health conditions

of each member of those families we have carried for a number of years. Failure in this respect may not indicate lack of results, but it does indicate real failure. It shows a certain lack of appreciation of the responsibility we owe the public which supports our work and also that we fail to use the very best publicity methods for securing more money, more workers, and more voluntary patients; namely, the accounting of results achieved.

Summary:

We need then, to remember 5 points.

(1) That every active case of tuberculosis is a focus of infection to be

treated with a view of preventing the spread of disease and with a view toward the recovery of the patient.

(2) That the tuberculosis nurse is a teacher.

(3) That in our work with contacts lies our greatest opportunity in preventing the development of active centers of infection.

(4) That we must cultivate the most hearty coöperation with all other social agencies, to ensure the complete welfare of our patients.

(5) That with all these, we still fail if we do not give an adequate intelligent and intelligible account of our stewardship.

PRACTICAL SUGGESTIONS

Nurses on duty in operating rooms and obstetrical wards will find that ordinary baking soda on a damp cloth will remove the brown stains on pans, etc., which come from the boiling method of sterilization.

I met an emergency case of burns on hands and forearms quite satisfactorily, with great relief to the patient, by immediately applying white of fresh eggs to burned parts and bandaging very loosely.—Rose L. Holmesman, Ingram, Pa.

Gutta percha tissue and rubber tissue crack and deteriorate if folded. Mt. Sinai Hospital, New York City, suspends an old-fashioned wooden two-handled rolling pin from the side of its surgical carts by means of tape loops of suitable length. The tissue, covered with tissue paper, is rolled around the rolling pin and the end secured with a bit of adhesive. The tissue is thus easily available when needed and is found in good condition as it has not been possible for the layers to stick to gather nor have there been any creases along which it could break.

For restless children who attempt to climb out of their cribs, use a restraining canopy. At Mt. Sinai Hospital, New York City, the canopies are made of tennis netting the size of the top of the cribs. This oblong of netting is strongly bound with canvas and has webbing straps with buckles to attach it to the four corners of the crib. Heavy cord laced through the meshes of the netting and around the top of the crib holds the canopy securely place. The lacing can be so arranged that the canopy is readily opened on the free or working side of the crib. This device does not impede the circulation of air and does not distress the child as did the older type of canvas canopy.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE PRINCIPLES UNDERLYING BUDGET KEEPING

BY CHARLES F. RITTENHOUSE

AN excellent definition of a budget is given by Mr. Trevor Arnett in his book on College and University Finance. He defines a budget system of control as a means designed to assist governments and institutions in restricting their expenditures to their incomes. Institutions, like individuals, often find it very difficult to live within their income. So many opportunities present themselves for service that there is always a temptation to undertake activities without any means in sight of meeting the expense of such activities. It may be stated that if an institution conducts its affairs on the basis of its opportunities, rather than on the limitations of its income, financial distress is inevitable. No institution should undertake any service for which it cannot pay. Therefore, to repeat, the fundamental purpose of any budget system of control is to restrain the ambitious executive and to provide him with a chart for his guidance.

The conditions which prompt the making of a budget are fundamental. Most business men, institutions, and individuals anticipate future income, expense, and financial requirements, even though they may do so in an informal manner and without being conscious of the fact that they are budgeting their affairs. Even the vendor of peanuts estimates his sales before buying his stock.

A newly married couple, in planning for housekeeping, makes an estimate of

what they can afford to spend for rent, clothing, food, and other family and household wants based upon the husband's income. The manufacturer must estimate the market which he hopes to create for his product before contracting for raw material, or even before planning his factory and capital requirements. The institution, whether it be a school, college, hospital, library, or club, must carefully and conservatively estimate its income from all sources before making plans for the year's activities.

While this has always been done in a more or less informal manner, it is only within recent years that budget-making has been reduced to a formal definite programme. We have come to realize that it is an unwise policy for someone to carry the financial programme of a business around in his head. Modern administration of a business or of an institution sees the necessity of a standardised plan of procedure. Such a plan is essential to a stable business policy and it is only by this means that proper coöperation can be developed among those who are responsible for the sound administration of a business. Furthermore, it is the best possible means of fixing responsibility for the efficient administration of the various departments of a business or of an institution.

At the outset, let it be understood that a budget can only serve its purpose when those responsible for its operation

have a hearty respect for, and appreciation of, sound bookkeeping methods. The budget-maker must have a well developed figure sense and, if not a natural aptitude for figures and statistics in a mild form, an acquired taste for such things is essential.

Classification of the items of the budget should conform to the classification of accounts with income and expense under which are recorded the actual transactions. Double entry bookkeeping should be employed. The accounts with income and expense and with assets and liabilities should be carefully classified, separate accounts being provided for each source of income and class of expense. The bookkeeping should be in competent hands. Monthly trial balances should be taken in order that monthly reports may be prepared. By this means the monthly actual figures can be compared with the estimated figures of the budget.

Briefly summarized, the operation of an institution on a budget system involves the following:

1. A study of the figures of prior years.
2. Formation of plans for the succeeding period based both on past performance and future expectations.
3. The preparation of periodic reports which show in comparative form both the actual and the estimated figures.
4. The revision, if necessary, of the original budget to give effect to incorrect estimates of income and expenses.

The budget for a particular period consists of two parts:

1. The estimated income.

2. The estimated expenditures under each class.

In estimating the income, the amount of income annually received during the prior year from each source should be used as the basis of calculation. Any variation from the actual income of former years should be fully explained and justified. Guess work should be eliminated so far as possible. In planning the budget, a classification of items should first be decided upon. The amount of the appropriation for each item must be collected from various sources. In a school budget the cost of instruction can best be estimated by the principal or the president of the institution. Administration and general expenses can usually best be estimated by the treasurer or the chief accounting officer; estimated expenditures for the maintenance of grounds and buildings, by the person in charge of buildings and grounds.

After the budget has been prepared, either by the budget committee or by some individual who is designated to do such work, it should be submitted to the board of trustees or other governing body of the institution. If satisfactory, the board of trustees will vote the appropriation, this vote would be incorporated in the minutes of the meeting and would become the official financial programme for the ensuing year.

Everyone connected with the institution who has any authority to incur expenditures should be definitely notified of the appropriations which are provided in the budget for the class of expense in which such person is interested and it should be a definite rule of the institution that every department must keep its expenditures within the appropriation.

At this point the necessity arises for a satisfactory accounting system. The control of expenditures should be exercised at the point where the expense is originally incurred. In other words, if an expense is contemplated in excess of the appropriation, it is important that this be known before the purchase is actually made or the expense incurred instead of when the bill comes through for payment. Such a control can best

be exercised by requiring those responsible for the incurring of bills to make out a requisition for every proposed expenditure giving either actual or estimated costs. These requisitions should go to the treasurer or some other designated officer for his approval and should only be approved in case the cost is within the appropriation, unless it is an emergency expense resulting from unforeseen and unavoidable circumstances.

A BOSTON SCHOOL

PROPOSED BUDGET FOR 1923-1924 OF INCOME AND EXPENDITURES

Income:

Tuition and Board:

100 Boarding Pupils @ \$1,400.....	\$140,000.00	
Day Pupils.....	2,800.00	
		\$142,800.00
Music Pupils		1,300.00
Tutoring		1,300.00
		\$145,300.00

Departments:

Guests, Trays, Vacation Board, etc.....	\$ 1,200.00	
Grounds	300.00	
Book Store	190.00	
Library Fees and Fines.....	105.00	
Physical Training	100.00	
Laboratory Fees.....	70.00	
Poultry	90.00	
Infirmary Fees.....	400.00	2,375.00

Income from Sinking Fund..... 4,000.00

Miscellaneous:

Rent of Pianos (net).....	\$ 200.00	
Interest on Bank Balances.....	225.00	
Interest on Savings Bank Deposit.....	100.00	
Sundries	100.00	625.00

Total Anticipated Income..... \$152,300.00

Expenditures:

Instruction:

Salaries Instructors—Schedule C-I.....	\$ 27,807.50	
Salaries Art, Music and Dancing—Schedule C-I.....	1,000.00	
		\$ 28,807.50
Tutoring Services		1,000.00
Class Room Supplies.....	\$ 100.00	
Chorus Class and Glee Club.....	300.00	
Laboratory Expense.....	50.00	
Art Class Expense.....	12.50	
Library Expense.....	200.00	
College Board Examinations.....	30.00	682.50
		\$ 30,990.00

Scholarship Grants..... 3,000.00

Domestic Department:

Salaries—Schedule C-I.....	\$ 4,800.00	
House Wages.....	13,000.00	
		\$ 17,800.00

The Principles Underlying Budget Keeping

1051

Provisions		22,000.00	
House and Faculty Laundry.....	\$ 3,000.00		
Room and Board Outside.....	2,200.00		
House Linen and Blankets.....	300.00		
Kitchen and Dining Room Equipment.....	800.00		
Medicines, etc.....	300.00		
Extra Nurses	400.00		
Sundries	100.00	7,100.00	
			46,950.00
<i>Maintenance and Operation of Educational Plant:</i>			
Salary of Superintendent—Schedule C-I.....	\$ 2,100.00		
Wages of Male Employees.....	11,500.00		
		\$ 13,600.00	
Repairs, Upkeep, etc.....	\$ 6,500.00		
Maintenance of Grounds.....	1,000.00		
Fuel	6,000.00		
Lighting	1,300.00		
Insurance	2,400.00		
Cleaning Supplies.....	500.00		
Fire Protection.....	100.00		
Maintenance of Auto Truck.....	200.00		
Taxes	20.00		
		18,020.00	
<i>Depreciation of:</i>			
Buildings	\$ 2,300.00		
Equipment	1,800.00		
Auto Truck.....	100.00		
		4,200.00	
			35,820.00
<i>Administration Expenses:</i>			
<i>Salaries:</i>			
Principal—Schedule C-I.....	\$ 4,800.00		
Dean—Schedule C-I.....	1,810.00		
Chaperons, Librarian, etc.—Schedule C-I.....	1,800.00		
		\$ 8,410.00	
Annuity		5,000.00	
<i>Office Expense:</i>			
Salaries—Schedule C-I.....	\$ 5,050.00		
Supplies	800.00		
Telephone and Telegraph.....	400.00		
Postage	300.00		
Printing	100.00		
		6,650.00	
Advertising		2,300.00	
Accountants' Fees and Expenses.....	\$ 350.00		
Miscellaneous Administrative Expenses.....	300.00		
		650.00	
			23,010.00
<i>Miscellaneous Expenses:</i>			
Entertainments, Lectures, etc.....	\$ 1,200.00		
Few Rent.....	700.00		
Commencement	700.00		
Donations, Civic Improvements, etc.....	300.00		
Interest on Notes Payable.....	200.00		
Transporting Day Pupils.....	200.00		
Flowers	100.00		
Receptions and Teas.....	100.00		
Circulating Library.....	105.00		
General Expenses.....	200.00		
Express	25.00		
Donation in lieu of Taxes.....	2,000.00		
			5,830.00
Contingent Salary Appropriation—Schedule C-I.....			1,300.00
Total Regular Expense Appropriations.....			\$146,600.00

STUDENT NURSES' PAGE

OUR CAP-PINNING SERVICE

By RUTH BACKENRIDGE

St. Luke's School of Nursing, St. Louis, Mo.



Preliminary nurses receiving their caps from the Senior Class, St. Luke's School of Nursing, St. Louis, Missouri.

WHAT moment in the life of a student nurse stands out more clearly in her memory than that occasion on which she is presented with the emblem of her school, the white cap.

The termination of the preliminary period seems and most assuredly is an important epoch in her life. On receiving her cap she no longer has a feeling of being in a class by herself but instead, she is one of the school body.

Up to rather recent time, no more than passing notice was given the presentation of caps to preliminary students but to-day a few of the schools of nursing realizing the importance of the occasion, call attention to the event in some special way. Some schools celebrate by

arranging a special programme around this occasion.

Within our own school, we honor the occasion by holding a simple service in the main lecture room of the Nurses' Home. To this service the School faculty, the families and friends of the School are invited. We are also honored by having as many St. Luke's graduates present as possible. The Alumnae show a keen interest in this service and always welcome the new group of students.

The singing of favorite hymns by all, and a short service by the Chaplain precede the pinning on of the caps, which honor falls to members of the Senior class. After receiving their caps, the

new members then rise and together repeat the well known Florence Nightingale Pledge.

It is indeed an inspiring sight to see the eager faces of this group of young nurses who so earnestly repeat the pledge, understanding the full signif-

cance of its beauty and worth.

A glorious silk banner of blue and gold, our school colors, was presented to us by the Alumnae at our most recent service. It is needless to say that we are very proud of our gift and that for which it stands.

THE TONE OF THE IDEAL TRAINING SCHOOL

BY BEATRICE WHITEHEAD

Oklahoma City, Oklahoma

EVERY training school possesses tone which may be a help or a detriment to the institution, and by tone is meant the manner in which we conduct ourselves, especially while on duty, and its effect upon observers. The ideal training school has a tone of its own and we as student nurses should realize that we are responsible for the reputation of our school; that we are under obligation to the hospital authorities to make for our hospital a name which is associated with efficiency and service. Since this is manifested primarily in the hospital, it is well to consider the many things that students should remember.

The patient must be considered first. If this is done, bells are answered promptly, orders are filled carefully, and the little helpful things are done in the kindest manner possible. In the ideal school, the nurses are thoughtful of their patients and will dispense with all the unnecessary noises heard every day in so many hospitals. These nurses are careful to keep their voices under control. Patients sensitive to harsh sounds are made very uncomfortable by a shrill, loud or rasping voice and the

quality of voice depends largely on the individual's own efforts. Nor are they found in the halls, talking, giggling and looking for fun. They remember that they themselves would be unwilling to trust their loved ones to a force of that kind, so they treat their patients with the same consideration that they would expect, should they exchange places with either the patient or the family.

In this school, visitors are treated with the utmost courtesy. Nothing reflects greater discredit on a school than for visitors to say the nurses and workers are rude. It is so easy for an institution to get a bad name and once acquired, it is very hard to change. Therefore the nurses must practice the art of courtesy for the sake of themselves as well as the hospital.

The general appearance of the nurses affect the Tone of the School. A slovenly, untidy nurse impresses one as being equally careless in performing her duties. Expecting patients feel that if she is neglectful of herself she probably will be with them. If one nurse leaves such an impression, what would be the result of several?

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

APPRECIATION OF SUMMER COURSES

I. FROM IOWA

THROUGH the foresight and zeal of Josephine Creelman, the State University of Iowa for the first time in its history offered a special graduate course in Nursing Administration. The object of the course was to help the graduate nurses who are occupying administrative and teaching positions to further their education. For the instructor both in theory and practice, the course offered improved and up-to-date methods of teaching; for the executive, the latest and most efficient systems in hospital management; for all a broader knowledge of nursing affairs and organizations.

Mary C. Wheeler of the Illinois Training School, Chicago, was director of the course, assisted by Beulah Crawford and Lola Lindsey both of the Educational Department, School of Nursing, and Elizabeth Bemis, Administrative Dietitian, State University Hospital. Twenty-nine nurses registered for the nursing course, representing nursing schools in eleven states. Lydia Keller, medical missionary, who is home on furlough from China, was one of the number. Conferences were among the interesting features connected with the course. Special problems of every-day interest were discussed at these meetings and much benefit was derived. Many of the nurses have taken their vacation period in order to avail themselves of the advantages of this summer school.

Among the hospitals visited by the class were Mercy Hospital and St. Luke's Hospital in Cedar Rapids, and in Iowa City the Mercy Hospital and the University Hospital. Aside from the main building of the University Hospital, visits were made to the Pediatric, Children's and Psychopathic departments, where demonstrations and lectures were given. All of the time, however, was not spent in the class room. The Iowa River is situated near the campus of the University and affords many opportunities for recreation, such as canoeing, swimming, picnics, and similar outdoor sports. Several special meetings and teas were held for this group. The class unanim-

ously feels that they have derived much benefit from the work given, not only in the knowledge acquired but also in the revival of their interest and enthusiasm in the profession. Enough cannot be said to express fully their gratitude to Miss Wheeler for her generous help, both during and after class hours.

All have expressed a desire that the course be repeated next summer and that a similar course might be a part of the regular year's work of the University.

MYRTLE DEAN (for the class)

II. FROM CALIFORNIA

California with its equable climate, prolific vegetation and gay bits of color served as an ideal background for the summer school conducted at Stanford University. The summer school for nurses was a response by the authorities of the University to the great need expressed by the nurses themselves for opportunity for additional study. The nursing courses were under the direction of Carolyn E. Gray, Dean of the School of Nursing, Western Reserve University, Cleveland, Ohio and were planned to meet the needs of those who could spare only a limited period of time for the work.

Stanford University offers courses during the four quarters of the year and this summer school represented one-half of a quarter's work, or five weeks. It included a course in administration of Schools of Nursing given by Miss Gray, a course in the teaching of science in Schools of Nursing by Miss White, and a course in the teaching of nursing procedures by Miss Wahn. Miss White and Miss Wahn are instructors in the School of Nursing of Stanford University Hospital. Perhaps the most vitally interesting course in which the nurses enrolled was psychology and this was taught by members of the regular faculty of the University. The course in administration was based on the Winslow-Goldmark report of Nursing and Nursing Education in the United States. The lectures, discussions and conferences cleared up many doubtful points and stimulated us to make every effort to put the recommendations included in this report

into effect in the various schools with which we are or may be connected.

Some of the subjects which came up for discussion were the difficulties concerned with introducing the 28 months basic course, necessity for correlation of theory and practice, the development of the student body in accordance with the principles of the coöperative government, the evaluation of positions, etc. Weekly excursions for observation to the principal hospitals in San Francisco, included the Army Hospital School of Nursing at the Presidio, the Naval Hospital at Mare Island, the Hospital Relief Ship which was stationed in San Francisco Bay, the Stanford University Hospital, the University of California Hospital, and the San Francisco City Hospital.

The efficient system of students' records was an outstanding feature of the University of California Hospital, permanent records condensed from periodic reports of the student's progress and efficiency are kept by the school and a transcript form of that record is given to the student on completion of the course. San Francisco Hospital is doing a notable piece of work in giving the tubercular patients special instruction in occupational therapy, this course is an elective for student nurses during the advanced period of the three year course. The development of the central supply room at the Stanford Hospital makes for economy of material and service. The Army Hospital School of Nursing at the Presidio has the advantage of large, airy and well equipped rooms for class work and demonstrations. Most particularly were we interested in the splendidly equipped and well arranged operating rooms at the Naval Hospital and of the Relief Ship and not a little fun was created when each visitor was presented to a pair of very large white canvas shoes before entering these rooms. Is there anything more conducive to the pleasure of summer courses than comfortable living quarters? Roble Hall the University dormitory for women, contributed much to our comfort and pleasure and has earned a warm place in our affections. The honor of giving the first tea of the season was granted the nurses and the response by members of the faculty and friends was certainly very gratifying. During the summer session a number of lectures were given by visiting educational

leaders, including President McCracken, Vassar College and Princess Berghese of Italy. Every Thursday evening, Dr. David Starr Jordan, president emeritus of Stanford University, held a conference in his home on selected or suggested topics of interest. Delightful organ recitals were rendered twice a week in the beautiful memorial Chapel. Numerous opportunities for sight-seeing trips were taken advantage of by those who desired out door recreation.

For all these educational opportunities we are greatly indebted to Dr. Ray E. Wilbur, President, Miss Stoutenberg, Associate Professor of Neurology and Mary B. Frye of Stanford University, Anna C. Jamme, Director of Nursing Education in California, and Maude Landis, Director of the School of Nursing at Stanford University Hospital, through whose efforts this course for nurses has been instituted, and we sincerely hope that our appreciation has been obvious enough to encourage them to continue in their endeavor to make it a permanent annual course. Indeed we hope it may prove to be the beginning of a Department of Nursing Education on the Western coast that will in time serve the western part of the United States as the Department of Nursing and Health at Teachers College has for so long served all the nurses of this great country. It is said that imitation is the sincerest flattery and because we value the work of the Department of Nursing and Health at Teachers College so highly, we of the western coast hope it will be duplicated here at as early a date as possible.

EMILY H. BERT, (for the class)

IS THIS FAIR?

DEAR EDITOR: I went to another state last January, expecting to take up nursing again. I was told to send in my fee for registration, \$10. I sent it in, but within ten days my plans were changed and as I was leaving the state, without having done any nursing, I wrote the secretary of the Board and asked to have my fee returned. They were five weeks in sending me papers, and at last a note came, saying the Board had decided not to return my fee. This may be a warning to others.

L. T.

FROM GREECE

DEAR —: I am in Greece, on an island in the Aegean Sea, but such a large island that it seems like the mainland. We have moved about twelve thousand orphans to Greece. I left Constantinople December 28, I had a ship chartered purposely for all my family, we were about 1800, and we reached here without mishap two days later. Three days after my arrival, another ship came with 3200 on board. We are occupying the hotels of a summer resort, a place of hot mineral springs, so that we are only temporarily here and will be moving shortly. We have 5500 orphans and two hundred or more teachers and helpers, there are also five Americans, my secretary, warehouse man, head nurse in the hospital, and two others in charge of different buildings. We have a 200-bed hospital and three outside infirmaries for mild cases.

E. D. C.

WHERE HELP IS NEEDED.

DEAR EDITOR: You may be interested to know that I am now at one of the mission stations in the archdeaconry of the Blue Ridge mountains. There is no place here to buy things so I have to have the pages of the *Journal* to tell me where I can get obstetric packages and other things that I need. My position is nominally that of Parish Worker, but as I am the only nurse in the countryside, whatever is to be done falls to me. This is virgin country for nurses; the people are responsive to it and it is worth while. This spot is beautifully located in the wide valley of the Shenandoah, 1000 feet above sea level. The horizon is girdled with purple blue mountain peaks to the east, the north and to the west. There is quite a little break in the hills to the south. Most of the time there is a clear wind blowing and the nights are refreshingly cool. It is a country that God has made most beautiful—but what man has done, is another thing. There are no foreigners here; the people are all of pure English descent, only terribly run down. One man who gave land for a school held the original deed dated 1750. The Mission Station strives to be a fountain of living water in the wilderness. We try to make our home what a Christian home ought to be, for an example.

My recreation is my flower garden on the hillside and a motor ride occasionally to the other end of the parish which is twenty-two miles long. Also, at intervals, very interesting people come to visit the mission. Agriculture is very difficult here on account of the rocky condition of the land. Chicken raising is the most profitable industry. It would be a wonderful spot for anyone who wanted to retire. Virginia has real winters but it is open weather until Christmas and spring comes in March. One could have a little home, a garden, and a poultry yard and it would help the community by just living in it.

Virginia

S. J.

REGISTRIES

DEAR EDITOR: The May number of the *Journal*, page 656, I note as advising new graduates who plan to enter private nursing to find an official, organized registry. I thoroughly believe in the importance of joining a first class organized registry in charge of a graduate nurse who thoroughly understands her business and is a fine character, herself. I believe in a high standard of nursing and we cannot keep it high if these registries are upheld by one or two doctors and a woman who is not capable.

New Jersey

F. E. G.

WHAT I LIKE IN THE JOURNAL

DEAR EDITOR: Reading the *Journals* of June and July I am impressed more and more by the very much worth while papers on various subjects. Miss Skillman's "Without Vision the People Perish" is interesting and inspiring. She is a nurse after my own heart and will not be disillusioned even after twenty-five years service, if she continues as she has begun. I would like her to know that I love nursing more to-day at the end of twenty-five years of service than I did when I graduated if that were possible. Surely life is worth while only as we can render service to others, and who has greater opportunities than the nurse? Would that we all could see, as we go to patients, the especial needs and the peculiar opportunities and feel the inspiration, without which nursing is a mercenary occupation instead of a noble profession. I hope many nurses saw and read Miss Skillman's paper, it ought to help us to be

"all things to all men." "The Care of the Feet!" During a long illness in a hospital recently I was daily reminded of this need for nurses. Miss Popeen's paper will benefit our feet if we follow her professional advice. Another paper takes up that wonderful asset of a nurse "The Nurse's Voice and Manner of Speech!" Optimism is an asset which it is so important for us to have and after reading this paper it seems equally important that we cultivate our voices that they become gentle and soothing if they are not already so. You have reason to be proud of the *Journal*.

Massachusetts

E. E. H.

JOURNALS ON HAND OR WANTED

Mary J. Whipple, 68 Inter Park Ave., Buffalo, N. Y. will give away *Journals* for 1921, except January; and for 1922, except November and December. Postage should be sent.

Miss Hughjean E. Mac Afee, 9 Forest Street, Newton Highlands, Mass., has the following *Journals* which she will donate to some public

use or give to anyone wishing them: 1903, July only; 1905, May-December; 1906, January-June and December; 1907, January-May and August-December; 1908, January-September; 1909 complete; 1910, April-December except July; 1911, February-December; 1912, complete except March, April, October, November; 1913, complete except February; 1914, complete; 1915, complete except February, August, October; 1916, complete. Postage should be sent.

Mary B. Talcott, 1410 Thatcher Street, Des Plaines, Ill., needs two copies of the *Journal* to complete her file: October and November, 1903. She will pay for both magazines and postage. (Write to her first, to avoid duplication).

The Babies' Dispensary and Hospital of Cleveland, Ohio, 2500 East 39th Street, is desirous of obtaining the following back numbers of the *Journal*: 1917, Nos. 5 and 9, February and June. A reasonable price will be paid.

THE OPERATION OF A BREAST MILK DAIRY

Dr. Henry Dwight Chapin, writing in the *Journal of the American Medical Association*, says that "about 80 per cent. of the babies dying before the completion of the first year are bottle fed. Hence the most feasible and practical way of reducing infant mortality during the first year will be in encouraging maternal feeding." Dr. Chapin advocates the establishment, in connection with maternity hospitals, of the organization necessary for collecting and supplying mothers' milk, the women supplying milk to be paid at the rate of ten cents an ounce, the cost of overhead to be added to the charge of those using the milk. Such dairies have been successfully operated in Boston, Detroit and New York; in Detroit 55,249 ounces of breast milk were distributed in 1922.

JOURNAL RENEWALS

The price for the renewal of one's subscription is the same as the price the first year. An agent reports that there has been some misunderstanding about this.

Are you watching the table? How does your state stand? Try to bring your state to 100%

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE NATIONAL LEAGUE OF NURSING EDUCATION is losing its Headquarters Secretary, Effie J. Taylor, on October 1st, as she has been chosen Superintendent of Nurses and Associate Professor of the new Yale School of Nursing in New Haven, of which Miss Goodrich is Dean. Other appointments to the Yale School are: Bertha Harmer and Amelia Grant, assistant professors; Helen Stelling, Instructor in Nursing; Mabel Fletcher, Resident Director.

The Editor of the *Journal*, Mary M. Roberts, may take a three months' western trip, October through December, in order to get more closely in touch with nursing work in other than eastern cities, for the sake of the *Journal's* greater usefulness and wider representation. Will nurses who would like to have her visit their city or town on such a trip write to her at 19 West Main St., Rochester, N. Y., before October 1st?

NURSES' RELIEF FUND REPORT FOR JULY, 1923

Receipts

Balance on hand.....	\$18,066.52
Interest on Liberty Bonds.....	2.13
Interest on Bonds.....	106.25
Checks returned.....	75.00
California: Dist. No. 1, \$53.50; Dist. 2, \$97; Dist. 5, \$52; Dist. 6, \$30; Dist. 7, \$11; Dist. 9, \$67.50; Dist. 10, \$7; Dist. 11, \$12; Dist. 13, \$8.50; Dist. 14, \$10; Dist. 16, \$6; Dist. 17, \$10; collection taken at State Convention, \$51.15.....	415.65
Illinois: One individual, Chicago....	5.00
Iowa: Dist. No. 2, individuals, \$43; University Hosp. Alumnae, \$40; Mercy Hospital Alumnae, Iowa City, \$23; Mercy Hospital Alumnae, Cedar Rapids, \$12.....	118.00
Indiana: Dist. No. 2, individuals, \$34; Epworth Hospital Alumnae, \$30.....	44.00
Maine: One individual, Portland....	1.00
Massachusetts: One individual, Boston, \$5; Bristol Co. Branch, \$25....	30.00

Michigan: Dist. No. 8.....	10.00
Missouri: Missouri Baptist Sanitarium Alumnae.....	10.00
New Hampshire: Six individuals, Keene, \$6; Individuals, \$4.....	10.00
New York: Dist. No. 4, Auburn City Hospital Alumnae, \$1; Dist. 13, Fifth Avenue Hospital Alumnae, \$18; N. Y. Post Graduate Hosp. Alumnae (2 individuals) \$15; St. Mark's Hosp. Alumnae, \$12; New York Hospital Alumnae, \$10.....	56.00
Ohio: Lakeside Hospital Alumnae Association.....	64.00
Pennsylvania: Two individuals....	102.00
Wyoming: State Nurses' Association.....	15.00

Total Receipts\$19,130.55

Disbursements

Paid to 38 beneficiaries for July, \$590.00; exchange on checks, 10c....	590.10
Balance, August 1, 1923.....	\$18,540.45
Invested funds.....	59,250.00

\$77,790.45 ✓

V. LOTA LOREMER, *Treasurer*.

Corrections: In March, 1923, a contribution to the Relief Fund of \$5 from St. Luke's Hospital Alumnae Association of Chicago, credited to individuals, should have been credited to the Association. In the contribution of \$90 sent in June from the Florida State Nurses' Association, \$35 of the amount should be credited to the student nurses in the training schools in the state of Florida.

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

THE ALUMNAE ASSOCIATION OF THE ARMY SCHOOL OF NURSING held its second annual

meeting and reunion at the Letterman General Hospital, San Francisco, from July 12-14, during which happy time members were guests of the Western branch of their school with Dora E. Thompson, Chief Nurse, and Ruth Taylor, Instructor, as hostesses. The meeting was not very large in numbers present but it was great in spirit, many of those who could not be there sent telegrams and messages, and every member of the association had an opportunity to express her opinion on all new business in writing. These ideas were compiled into a report before the business meetings and served as a guide to those who actually voted upon questions. It was necessary to hold two business meetings in order to cover all the business which was brought up for discussion. The constitution and by-laws were amended to conform to the requirements of the American Nurses' Association and to provide a third class of members who are graduates of the Army School of Nursing in good standing, but who are inactive in the profession. It was decided to suggest to the Board of Directors that the third annual meeting be held in Detroit, in 1924, immediately preceding the meeting of the American Nurses' Association, so that members may conveniently attend both meetings.

Through an individual who is very much interested in the development of the Army School of Nursing and its Alumnae Association, a fund has been provided, to be administered through the Surgeon General's Office, for the salary of an executive secretary whose headquarters will be either in Washington or New York. An Appointment and Advisory Committee was elected to whom applications for this position may be sent. Information in regard to this may be obtained from Margaret Tracey, Glens Falls Hospital, Glens Falls, N. Y. Part of the work of the Executive Secretary will be organization of chapters of the Alumnae Association throughout the country where there is a sufficient number to make it practical. The nominating blank of the American Nurses' Association was received in time for the meeting, so the nominees were elected by the Alumnae Association. This was the first business of the American Nurses' Association which this Association has acted upon, and a great deal of interest was shown in it.

Committees were elected: Secretary's appointment and advisory committee, Margaret Tracey, chairman; Class Gift Committee, Dorothea Hughes, chairman; Nurses' Relief Fund Committee, Louise Sallender, chairman; Programme and arrangements, Mrs. Yoran Pete, chairman; Nominating committee, Nita Frederick, chairman; *Alumnae Journal*, Charlotte Macon, chairman. Officers for the ensuing year were elected as follows: President, Barbara M. Price; vice-president, Nell Carrington; secretary, Florence Henry, 21 Stanfield Street, Rochester, N. Y.; treasurer, Annie Callender; additional members to Board of Directors, Elizabeth Pumphrey, Helena Clearwater, Florence Morrow, and Kitty McKelvey. On the second afternoon of the reunion, the students of the Army School at Letterman General Hospital were hostesses at a very delightful tea party given in the Red Cross recreation house. This seemed just like home to the Alumnae. The students finishing their probationary course were presented with their caps by Anna C. Jamme, Director, Bureau of Registration of Nurses of California. Miss Jamme was present in Washington in 1918 when the school was organized and she told the story, dear to the hearts of all, of The Founding of Our School. The Association was also very fortunate in having as its guest Carolyn E. Gray, Dean of School of Nursing, Western Reserve University, who gave an inspiring talk. Reunion included besides all these activities a trip to Chinatown, a supper, a theater party, and a banquet. The success of the meeting was due largely to Catherine Wellington, chairman of Reunion committee, to Dora E. Thompson, Chief Nurse, who welcomed the Alumnae and extended the hospitality of the Post to them, and to Ruth Taylor Instructor of the School, who took the Alumnae back to training school days by a tour of inspection through the school building and a talk upon the present activities of the School. Every alumna who attended the meeting left it with a spirit renewed by association with classmates and by contact with leaders in the profession and with justified pride in the way the School is "carrying on."

THE INTERNATIONAL COUNCIL OF NURSES held an executive meeting in Copenhagen, July 30 to August 1, with the following programme:

July 30, Addresses of welcome. Minutes of the last meeting and report of the secretary. Discussion of the relation between the Council and the newly formed European Council for Nursing Education. Reports. Reconstruction of the International Committee on Nursing Education. July 31, Discussion of the Standing of the International Council toward the College of Nursing, Ltd., of London. The Desirability of the International Council Broadening its Activities. Possible Cooperation with the League of Red Cross Societies. Formation of a Committee of Work. The Publication of a Nursing Magazine To Serve as the Official Organ of the Council. Sectional Nursing Conferences. August 1. Recent Movements in the Nursing World of the United States.

THE LIBRARY OF LOUVAIN UNIVERSITY, Belgium, is being rebuilt by contributions from America, largely from school children. The first wing to be completed was blessed by Cardinal Mercier in July. The American Nurses' Association is represented on the National Committee in the United States by its president, Adda Eldredge.

ARMY NURSE CORPS

During July, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 1st Lieut. Elizabeth D. Reid, Chief Nurse; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenants Cora E. Hicks, Mildred L. Johnson, Nellie E. McGovern, Mary J. Palmes, Mary C. Scherer, Inez H. Wiley; to Station Hospital, Camp Knox, Ky., 2nd Lieut. Elizabeth J. Crowley; to Letterman General Hospital, San Francisco, 2nd Lieutenants Irene G. Truax, Alice J. Johnson, Sara O'Connor; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieutenants Frida Johanson, Alida J. Harrison, Ida L. Langenheder, Margaret Millington, Elsie Robbins, Anne G. Slater; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Florence Miller; to Walter Reed General Hospital, Washington, D. C., 2nd Lieutenants Anne J. Crowley, Prueella H. Dreddy; to Tripler General Hospital, Honolulu, H. T., 2nd Lieutenants Flora Robarge, Margaret Shook; to Sternberg General Hos-

pital, Manila, P. I., 2nd Lieut. Sadye M. Rosenthal.

Orders were issued for the separation from the service of the following named Second Lieutenants, A. N. C.: Mary E. Armstrong, Teresa M. V. Broughton, Mary Cavanaugh, Nell B. Clements, Dorothy Cleveland, Thea C. J. Coffey, C. Elva Collison, Emilie B. Curl, Margaret David, Catherine English, Margaret M. Fitzgerald, Frederica D. Good, Margaret E. Gorman, Willa Hays, Mary Hyre, Elizabeth R. Johannis, Della A. Killeen, B. Frances Kleitz, Kathryn M. McCarthy, Sara A. McLoughlin, Isabel E. Mulick, Mary B. Crawford Reebel, Winifred Rose, Anna P. Rudrauff, Hannah B. Smylie, Frances Stuckey, Mary J. Tracy, Rose Wampler, Gertrude M. Weaver.

JULIA C. STIMSON,

Major, Superintendent, Army Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Emma Brown, to U. S. Marine Hospital, Vineyard Haven; Hazel Lutton, to U. S. Marine Hospital, Pittsburg; Elizabeth Owen, to U. S. Marine Hospital, Key West; Minne Slay, to U. S. Marine Hospital, Memphis; Ida Holbrook and Maud Greenleaf, to U. S. Marine, Ellis Island; Mildred Blewett, to U. S. Marine, Savannah; Jessie Gessner, to Angel Island Quarantine.

Reinstatements: Susan Montague, Norfolk, Virginia; Jimmie Gauntt, Baltimore, Md.; Nita Wallis, New York City.

LUCY MINNICKERODE,

Superintendent of Nurses, U. S. P. H.

The Pan American Sanitary Bureau is desirous of learning whether the services of a public health nurse can be secured for a position in South America. The position will be as lecturer in a School of Hygiene to be established in connection with a University and for the establishment of a Visiting Nurse Organization. The salary will range from \$2400 to \$3000 with maintenance and the following qualifications are necessary:

1. A fluent knowledge of Spanish so that lectures may be given in that language.
2. A willingness to accept conditions as they exist.
3. To work with local nurses in harmony.
4. To train local nurses in Public Health

procedure and gradually establish educational standards for nurses along the lines of American standards.

Application should be made to the Director, Pan American Sanitary Bureau, c/o Pan American Union, Washington, D. C., with a full statement of qualifications, particularly as to ability to speak Spanish which is an absolute essential.

U. S. VETERANS BUREAU NURSE CORPS

HOSPITAL SERVICE: Transfers: Mrs. Kate C. Hough, C.N., Central Office, to Rehabilitation Center, No. 2, Federal Park, Md.; Virginia E. Oakley, Asst. C.N., to Philadelphia; Margaret M. Hill, Elizabeth Lehman, Margaret L. O'Gara, Florence E. Scothorne, to Rehabilitation Center, No. 2; Mollie L. Wall, to USVH 72, Helena, Mont.; Nellie E. Bauldry, Asst. C.N. to No. 24, Palo Alto, Calif.; Ora Bruchmiller, C.N., Mary J. Nash, Asst. C.N., Hannah Brandt, H.N., Grace Cashman, H.N., Mary E. Hayes, H.N., Mary M. Kelly, H.N., Mary M. Murphy, H.N., Elizabeth Steinberg, H.N., E. Vera Eberhardt Gray, H.N., Eugenia Acovedo, Hannah Atkinson, Bertha Ariail, A. M. Berry, Adeline P. Boren, Mrs. Letha J. Brown, Cressa F. Burky, Mary H. Campbell, Myrtle P. Crutchfield, Rue M. Dibble, Georgia B. Doughty, Marguerite Doughty, Alice L. Dunbar, Jennie M. English, Lucille Elmore, DeAlva Frasier, Mrs. H. W. Bryan Gilbert, Carolyn A. Glickley, Kate W. Grubbs, Ruth E. Harris, Elizabeth F. Kohten, Ellen L. Laney, Harriet Mae, Beale F. McCrory, Edna F. McKinney, Jean Mingay, M. Elizabeth Ries, Grace Round, Marie Shumaker, Adah B. Tipton, Eva R. Tompkins to No. 93, Kerrville, Texas. Mrs. Florence J. Pelton, C.N., Catherine B. Murphy, H.N., Edith M. Prince, H.N., Carrie M. Canute, Alice Mae Crone, Marjorie J. DeRight, Lillian Fink, Lena B. Granner, Hazel A. Hurd, Elizabeth Kirby, Mary L. Kreiger, Kathleen Milmo, Ella McDaniel, Yvonne S. Nelson, Elsie A. Orr, Mary Ann Reilly, Julia Smith, Etta L. Spangler, Grace A. Wipf, Charlotte Woodfall to No. 53, Dwight, Ill. Carmen Bradley, Phyllis M. Connor, Ruby Meyers, Sadell Stein, Anna C. Winn, to No. 62, Augusta, Ga.; Mary E. Carney, Belle Lombard, Mary Martin, Margaret M. Roach, Ina

Wilson, to No. 74, Gulfport, Miss.; Clare S. Peters, H.N., Charlotte Woodfall, to No. 76, Maywood, Ill.; Grace M. James, to No. 79, Dawson Springs, Ky.; Mrs. Elizabeth Sewell, Helen E. Polonska, H.N., to No. 92, Jefferson Barracks, Mo.; Ann G. Coyle, Minnie A. MacDonald, to No. 48, Atlanta, Ga.; Edith L. Wood, to No. 55, Ft. Bayard, N. M.; Lucy M. Scoggins, to No. 60, Otsego, N. C.; Margaret M. Cody, to No. 81, Bronx, N. Y.; Nell S. Lurton, to No. 84, Algiers, La.

Reinstatements: Bertha A. Morgan, Palo Alto, Calif.

DISTRICT MEDICAL SERVICE: Transfers: Josephine T. Bird, C.N., to District No. 1, Boston; Elsie Hinson, to District No. 3, Phila.; Flora Kober, to District No. 3, Pittsburgh; Clothilde A. Beaud, to USVH 74, Gulfport, Miss.

MARY A. HECKEY,
Superintendent of Nurses, U. S. V. B.

THE AMERICAN CHILD HEALTH ASSOCIATION will hold its first convention in Detroit, October 15-17. The programme will be designed to cover the entire range of Child Health from pre-natal life to maturity, it will also deal with the special interests of public and private officials, governmental and non-governmental agencies and of the teaching, medical and nursing professions. It will stress especially the interdependence of all Health workers and their different types of work. Suggestions are welcomed of topics for discussion at round tables and names of persons effective as presiding officers. Subjects which have so far been requested are:

Health Education: 1. How can the Teacher in Service best secure her Subject Matter for Teaching Health? 2. How can School Boards and School Administrators be convinced of the necessity of Health Teaching? 3. Methods and Devices for Teaching Health in our Schools. 4. Provision for the Education of Gifted Children in the United States. **Nursing:** 1. Administrative Problems arising in the Field of Child Health Nursing. 2. Problems in Child Health Nursing in Rural Districts—How to Reach the Rural Mother. 3. Relation of Teachers and Nurses in School Health Work. **General:** 1. Study Outline of the Pre-school Child prepared for Parent Teacher Associations. 2. The Manhattanville Health Society

—a demonstration in coöperative health service for people of moderate incomes. 3. Model Sets of Clothing for Infants and Young Children. 4. How to Create and Finance a new Organization. It should be understood that question boxes will be arranged in advance of each Round Table session. The Program Committee will, therefore, welcome questions addressed to Miss Crandall, Secretary to the Program Committee, 370 Seventh Avenue, New York City, on or before October 10th.

THE MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS is to be held this year at Evansville, Ind., October 8-10.

THE AMERICAN DIETETIC ASSOCIATION will hold its annual meeting in Indianapolis, October 15-17, at the Claypool Hotel.

California: THE CALIFORNIA STATE ORGANIZATIONS of Nurses held their annual conventions in Santa Barbara, June 13-16. Among many interesting papers given was one on The Treatment of Diabetes with Insulin by Dr. W. D. Sansum. Santa Barbara has the honor of having a laboratory where this new medicine is manufactured. Mrs. J. F. Peterson, of Pasadena who has served for several years as State Chairman of the Committee on National Relief Fund was elected president of the California State Nurses' Association; Miss A. C. Jamme was elected president of the State League of Nursing Education and Mrs. Eleanor Hazen was elected president of the State Organization of Public Health Nursing. The Santa Barbara Convention closed with a large barbecue under the Oaks at the General Hospital. Pasadena was selected for the meeting place in 1924. **San Francisco.**—Evelyn Wood has resigned her position, that of Director of the School for Nurses, at the San Francisco Hospital.

Florida: Mrs. Louisa B. Benham, State Inspector of Training Schools, made the suggestion that the student nurses in the training schools dress dolls, to be sold at the meeting of the Florida State Nurses' Association, the proceeds to be given to the Relief Fund. The state chairman of the Relief Fund in Florida, passes this on as a suggestion to other states in raising money for the Nurses' Relief Fund.

Georgia: Examinations for registration will be held October 17 and 18 in Atlanta, Macon

and Savannah. Applications must be received by the Secretary before October 1. Address communications to Jane Van De Vrede, Secretary, 688 Highland Ave., Atlanta, Ga.

Illinois: **Chicago.**—Many of the Sisters and nurses of Mercy Hospital attended the Catholic Hospital convention, Spring Bank, Wis. Rose Cavanaugh has joined the staff of Infant Welfare nurses. Phyllis Connor has given up her work with the Veterans Bureau and is doing private duty.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will meet in Evansville, October 4-6. (Not in September as was erroneously reported to us last month). **Fort Wayne.**—The next regular meeting of the First District Association will be held at the Irene Byron Tuberculosis Sanatorium September 8. Emilie Christ, class 1911, Lutheran Hospital, accepted the position of superintendent of the newly opened Adams County Hospital, at Decatur. Rowena Shoaff, class 1920, Lutheran Hospital, is operating room supervisor, and Naomi Butler, class 1922, is floor supervisor. **Indianapolis.**—Dr. W. B. FLETCHER'S SANATORIUM TRAINING SCHOOL FOR NURSES graduated a class of six, on August 18.

Iowa: **Atlantic.**—THE ATLANTIC HOSPITAL ALUMNAE held their regular meeting on August 2, at the home of Mrs. Anna Fredrickson where supper was served on the lawn, after the business meeting. Three new members were admitted. Gae Condit, class of 1914, has a hospital position in New York. Mary Dimig, class of 1915, is anaesthetist for Drs. Gamble and Gamble, Greenville, Miss. Florence Laursen, class of 1921, is night supervisor in the Atlantic Hospital. Clara E. Loof, class of 1920, is night supervisor in Jones Hospital. Myrtle Dean, Superintendent of Atlantic Hospital, took the course in Hospital Administration at Iowa City, this summer. **Clinton.**—THE SIXTH DISTRICT held its quarterly meeting at the Nurses' Home, Mercy Hospital, July 19, with 25 present. Five delegates were appointed to attend the State meeting in Waterloo in October. A delightful luncheon and social hour were enjoyed with the Sisters and the Alumnae as hostesses, after which a tour of the Hospital and the Home was enjoyed. THE MERCY HOSPITAL ALUMNAE held their annual picnic at Credit Island with

about 50 in attendance, the class of 1923 and Clara Bieber being guests. Miss Bieber is now anesthetist at the Woman's Hospital, New York. **MASSACHUSETTS.**—DISTRICT 10 has held regular meetings during the year. In April, Dr. Crabb of Park Hospital lectured on Postoperative Care of Patients. The May meeting, a social one, was held with Nan Clark at Clear Lake. The June meeting was held at the Country Club, Algona, the members in that place being hostesses. Dr. Hemfich gave an address after the delightful picnic dinner. The July meeting was held in a tea garden, where Dr. Phillips talked on Diseases of the Spine. **OKLAHOMA.**—An impressive memorial service was held on June 3, on the lawn at the Mahaska County Hospital, when a white birch tree, the official tree for soldiers in white, was planted in memory of Ruby Elizabeth Clark, class of 1918, a nurse whose death came as a result of her services during the World War. Patriotic orders, nurses, and friends attended the exercises which were given under the auspices of the Mahaska Hospital Alumnae Association, of which she was a member. **WASHINGTON.**—DISTRICT No. 2 held a very interesting meeting on June 7. An address on Our Duty as Citizens was given by Alex Miller, at a luncheon given by the Hospital Association, in the Chamber of Commerce building. Alice Patten, county nurse of Mahaska County, has resigned her position and has accepted one with the Iowa State University Hospital, in the interest of the Shepard-Towner clinics. Ellen Anderson, who has been assistant superintendent of Jefferson County Hospital, Fairfield, has resigned.

LOUISIANA: Patterson.—**ST. MARY'S HOSPITAL** celebrated Hospital Day when those interested in the Better Baby movement gave free physical examination to the babies of the parish, beginning promptly at 9 a. m. and continuing until 5 p. m. Nearly 200 babies were presented for examination; of these 138 were examined, the rest having to be turned away for lack of time to complete the work. In the evening graduating exercises were held for a class of six, and after an interesting programme, dancing was enjoyed.

MAINE: THE STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will meet October 17-18, 1923, at 9 a. m. at the State

House, Augusta. Application blanks may be secured from the Secretary, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston. Applications must be filed fifteen days prior to date of examination.

MARYLAND: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration during the second week of October. All applications must be filed, not later than September 15th, with the secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore, Md.

MASSACHUSETTS: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its autumn meeting at the "Walk Over Club" Campello, on Saturday, October 20. Morning sessions will be taken up by meetings of the State League of Nursing Education, Public Health Nurses' Section and the League of Private Duty Nurses. The State Nurses' Association will present a programme for the afternoon which will be followed by social entertainment. Bertha A. Hunt, Superintendent Brockton Hospital, Brockton, Mass., is Chairman of the Committee on Arrangements. **BOSTON.**—The trustees and alumnae of the BOSTON CITY HOSPITAL gave a reception on the evening of June 22, at Voss House, for Lucy L. Drown, when many old friends rejoiced in meeting her. Laura E. Coleman has taken charge of the Milton Convalescent Home. Maude E. Dunklee has taken charge of the Knox County Hospital, Rockland, Maine. The Alumnae Association of the Boston City Hospital held its annual meeting in June at the Boston State Hospital, when the following officers were elected: President, Mary M. Riddle; vice presidents, Ellen C. Daly, Jessie E. Catton; secretary, Elizabeth C. Fairbank; treasurer, Clara F. Managhan. **FALL RIVER.**—THE TRUESDALE HOSPITAL graduated a class of twelve on June 26. The class and former graduates were entertained at a banquet given by the Alumnae Association, on the following evening, held at the New Bedford Hotel. **SALEM.**—THE SALEM CITY HOSPITAL held graduating exercises on June 26, for a class of four. The address was given by Rev. Franklin P. Reinhold; diplomas were presented by H. J. C. Boone and the pins by Nellie I. Templeton, Superintendent. A very interesting programme was enjoyed which was

followed by a reception in the Hannah E. Mullins Nurses' Home.

Minnesota: THE MINNESOTA BOARD OF EXAMINERS OF NURSES will hold the next examination October 5 and 6 in St. Paul, Duluth, and Rochester. For further information address the Secretary, Dora M. Cornelissen, Old State Capitol, St. Paul. Mary E. Gladwin of Ohio has been appointed Educational Director for the state. Her headquarters will be at the Old State Capitol, St. Paul, Board of Nurses' Examiners. The State Registered Nurses' Association, The State Organization for Public Health Nursing, and The State League of Nursing Education will hold a joint meeting in St. Paul, in October. The exact dates will be published in the October Journal. The THIRD AND FOURTH DISTRICTS are sponsoring a pageant, depicting the History of Nursing, to be given daily at the State Fair in St. Paul during the first week of September. **Minneapolis.**—THE SWEDISH HOSPITAL ALUMNAE held a delightful picnic at the summer home of Dr. S. W. Wright on Lake Minnetonka, with about 75 in attendance. Dancing, swimming and boating were enjoyed. Farewell entertainments have been given for Ella Ackerson, who is returning to China after her furlough, and for Arno Quello who is taking up work in the same country. Miss Ackerson has been in China for eleven years, the first graduate of the school to do missionary nursing. THE DEACONESSE HOSPITAL graduated a class of thirteen, June 13. A banquet was given by the Alumnae at the Leamington. The guests were the graduating class and three missionaries who are home on furlough, Sister Milla Peterson, Mannassah, Madagascar; Emma Larson, Belgian Congo, Central Africa; and Mrs. Ekelund, China. Hannah Bovre, class of 1916, left June 23, for Madagascar where she will resume the work of Sister Milla Peterson, at the girls' school.

Missouri: St. Louis.—M. Anna Gillis, Superintendent of Nurses at St. Louis City Hospital, has resigned to accept the same position at Mt. Sinai Hospital, Cleveland, Ohio. Charbel Wheeler, formerly Superintendent of Nurses at Mt. Sinai Hospital, Cleveland, has come to St. Louis as Director of Nurses of the Washington University School

for Nurses, taking the place left vacant by the resignation of Helen Wood. St. Louis and Missouri nurses regret exceedingly the departure of Miss Gillis and Miss Wood. Miss Gillis for many years has been a member of the State Board of Nurse Examiners, and Miss Wood during her short residence here, worked indefatigably as Chairman of the Legislative Committee of the State Nurses' Association. Missouri nurses welcome Miss Wheeler and know they can rely upon her to do her share in the interest of the nursing profession in Missouri. **GRADUATES OF THE ST. LOUIS TRAINING SCHOOL** and Dr. Scharff gave a pleasant farewell reception to Miss Gillies, on the hospital lawn, at the close of her fourteen years of service. Regret at her departure is felt by all who know what her loyalty and ability have meant to the hospital and the school. She has endeared herself to all her associates and she has their affectionate interest and Godspeed. Miss Serafini has accepted the position of Superintendent of Nurses at the Missouri Pacific Hospital. Misses Cavenar, Runberg and Heitzberg have also accepted positions with this hospital. A training school will be organized when the new hospital opens.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE will hold its regular fall meeting at the Sanatorium, Pembroke, September 12. Sections for public health and private duty nurses will be held in the morning and a general meeting in the afternoon. **Concord.**—THE NEW HAMPSHIRE STATE HOSPITAL TRAINING SCHOOL celebrated the thirty-third anniversary of its first graduation on June 29-30, by holding a reunion of the nurses. Music, dancing on the lawn, refreshments and a social time were enjoyed the first day, followed by a reception and dancing in the evening. In the receiving line were Dr. and Mrs. Charles H. Dolloff, Helen C. Williams, Directress of Nursing, Mary Londergan, a member of the first class, and Margaret Alexander, president of the Alumnae. The morning of the second day was spent by the visiting nurses in inspecting the hospital buildings and in the afternoon tea was served in the Nurses' Home.

New Jersey: Montclair.—THE MOUNTAINEER HOSPITAL recently carried on a campaign to raise \$800,000 for the purpose of making extensive additions to the hospital.

The Alumnae endeavored to raise \$2,500 toward this amount, for building a room to be used for sick nurses. At the last meeting the Campaign Committee reported \$2,746 as pledged.

New Mexico: THE NEW MEXICO STATE BOARD OF NURSE EXAMINERS has been appointed; its officers and members are: President, Sister Mary Laurence, Albuquerque; secretary and treasurer, Mrs. Lupe Wilson, 804 North 13th Street, Albuquerque; Mrs. Miner, Silver City; Miss Bartlett, Albuquerque; Amanda Metzger, Dawson. The Board will hold a meeting at the State House, Santa Fe, September 5.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in Buffalo, Hotel Statler, October 23-25. **Albany.**—THE ALBANY HOSPITAL ALUMNAE ASSOCIATION gave a farewell tea on July 31 in honor of Cora Mitchell, who has been acting as assistant superintendent of nurses for the past two years. As a token of the esteem in which she is held, Miss Mitchell was presented with a platinum wrist watch and a purse of \$25 in gold by the graduate nurses. **Buffalo.**—THE BUFFALO CHILDREN'S HOSPITAL ALUMNAE ASSOCIATION held a reunion dinner on June 13, and had as its guests the graduating class of 1923 and the honorary members. Dr. Thew Wright presided at the graduating exercises on June 14. The diplomas were presented by Dr. DeWitt H. Sherman and the pins by Dr. Clayton M. Brown. Rev. George A. Buttrick addressed the class. THE BUFFALO WOMAN'S ALUMNAE held a meeting at Wales Center on June 16, at which the following officers were elected: President, Mary Archer; vice-presidents, Dorothy Dodds, Grace Addison; secretary, Mary Raiber; corresponding secretary, Sophia Weiland; treasurer, Ruth Zemke. DEACONESS HOSPITAL held graduating exercises on May 10 for a class of fourteen. Addresses were given by Dr. Chester Moes and Rev. George Williams. The Deaconess Hospital Alumnae accepted the 1923 graduating class as social members on May 11. Mrs. Hansen gave a very interesting talk. **Canandaigua.**—Clara E. Fellows has been appointed Superintendent of the Frederick Ferris Thompson Hospital. Miss Fellows is a graduate of St. Mary's Free Hospital for Children, New York City; also

took a postgraduate course at General Memorial Hospital, New York, and has had one year at Teachers College, New York.—THE BELLEVUE ALUMNAE ASSOCIATION, at its annual meeting in May, elected the following officers: President, Mrs. Metcalf; vice-presidents, Jane Carnes, Florence Bacon; recording secretary, Anna J. Delmore; corresponding secretary, Loretta Bisset; treasurer, Emma G. Paulding. The Association has been raising money for a Carrie J. Brink Scholarship Fund. THE LENOX HILL HOSPITAL ALUMNAE ASSOCIATION has raised more than \$2,600 toward its Pension Fund. Ida Hoffman, class of 1903, has returned to New York after five years of work in Palestine. Martha Wenke is Assistant Superintendent of the Nathan Littauer Hospital, Gloversville. Margaret S. Wilson has been appointed Directress of Nurses at the Post Graduate Hospital, having served a short time as Assistant Directress. She is a graduate of St. Mary's Hospital, Passaic, N. J., and has held other executive positions. **Niagara Falls.**—THE MEMORIAL HOSPITAL ALUMNAE ASSOCIATION entertained District No. 1 on June 2, at which time the Buffalo City Hospital Alumnae was accepted into the District. After the meeting a delightful luncheon was enjoyed. District No. 1 will hold its next meeting on September 19 at the Buffalo Players' Club. **Rochester.**—Miss Van Vranken is leaving her position at the Rochester General Hospital to take a course in Public Health Nursing. Elizabeth Gallery has been appointed Superintendent of Nurses at the Park Clinical Hospital. Miss Gallery was for eight years Superintendent of the Reading Hospital, Reading, Pa., and has recently been a supervisor at the University of Pennsylvania Hospital. Mary E. Morris, retiring Superintendent, was given many tokens of appreciation of her long and faithful service. The graduates gave a party at Charlotte and presented her with an autographic camera. The training school gave a surprise party, when a platinum bar pin, set with a diamond, was given by the training school and the resident staff. **Saratoga Springs.**—THE TWENTY-SECOND ANNUAL CONFERENCE OF SANITARY OFFICERS AND PUBLIC HEALTH NURSES was held June 26-28. There were 1,112 delegates in attendance. The nurses held a separate session on June 26, when interesting lectures

were given by Alice Shepard Gilman, Gertrude Hodgman, and Margaret Buckman who described the Warren County Summer Camp for Children. **Trudeau.**—The commencement exercises of the tenth class to graduate from the D. Ogden Mills Training School for Nurses at the Trudeau Sanatorium were held on the afternoon of August 28 on the green near the memorial statue of Dr. Trudeau, the founder of the school. The graduates and trustees of the institution were seated in a rustic pavilion banked with evergreens, the Adirondack Mountains in the background. Bishop Brent and Dr. Walter B. James gave addresses. The class took the Nightingale Pledge. The diplomas were presented by Dr. Lawrason Brown; the pins by Dr. Edward R. Baldwin and Mrs. Whitelaw Reid. There were eleven in the class. **Watertown.**—At the last quarterly meeting of DISTRICT No. 6 a very interesting lecture was given by Mrs. Julius Frank, chairman of Mental Hygiene Committee, New York State Federation of Women's Clubs.

Ohio: Columbus.—THE PUBLIC HEALTH SECTION of the Ohio State Association of Graduate Nurses will hold an Institute in Columbus on October 10 and 11 for all nurses doing Public Health work in Ohio. **Cincinnati.**—Winifred Culbertson has resigned the position of Director of the Nursing Service of District No. 7, United States Veterans' Bureau, which she has held since the office was established; she will have charge of the new Nose and Throat Hospital to be opened in the autumn by Dr. William Mithoefer. **Cleveland.**—LAURA F. GRANT, formerly Superintendent of Nurses at the Cleveland City Hospital, has been appointed to a similar position at Lakeside Hospital. Nellie Parks, former Superintendent of the Contagious Disease Department of the Cleveland City Hospital, has been appointed an instructor under the Board of Nurse Examiners, a position provided for in the recently amended law. **Kenton.**—GERTRUDE SUTTER, who has been the public health nurse and acting health commissioner for several years, has resigned. **Mansfield.**—THE DELAWARE SPRINGS SANITARIUM ALUMNAE ASSOCIATION held its fourth annual meeting July 14. The following officers were elected: President, Marie Gautschi; vice-president, Mrs. Eva Longwell Fogarty; secretary, Marcia Foy Demarest; treasurer,

Mrs. Mae Louks Weller. After appointing various committees and drafting a new constitution, a picnic supper on the sanitarium grounds was enjoyed. **Middletown.**—BERTHA ALLWARDT, formerly with the staff of public health nurses, has resigned to become public health nurse at Greenville, Darke County.

Oklahoma: El Reno.—THE EL RENO SANITARIUM TRAINING SCHOOL FOR NURSES for the last two semesters has had the honor of making the highest average of any school in the state of Oklahoma. Mrs. Jessie Gilham for the first half and Elsie Owens the second half.

Oregon: Portland.—ELNORA THOMSON has accepted the position of Pacific Coast Field Director for the American Child Health Association. The position of Director of Public Health Nursing in the Portland School of Social Work, which Miss Thomson has resigned, will be filled by Helen S. Hartley. Miss Thomson remains on the faculty as a special lecturer, but her headquarters will be in San Francisco. She will be greatly missed by her many friends in Oregon. **Eugene.**—Five nurses graduated from the course in Public Health Nursing of the University of Oregon in June. Minnie Fontz (class of 1923, St. Vincent's Hospital) goes to Mt. Silinda, Rhodesia, South Africa, in the near future to do missionary work.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting October 22-25 at the William Penn Hotel, Pittsburgh. The first day, Monday, the 22, will be given to business in the morning, with a luncheon at noon. In the afternoon there will be meetings of District Associations and of the Private Duty Nurses' Session, a round table on Red Cross Nursing Service at 5 p. m., conducted by Sara M. Murray. The evening session will be the formal opening session with the President's address and one by Dr. Caroline Hedger of Chicago on Positive Health. Tuesday will be given largely to League business and papers, beginning with a round table at 8:30. At 2 p. m. there will be a discussion of the re-organization of the Board of Nurse Examiners, papers by Laura Wilson and Dr. Kilduffe, and a report of the Central School by Miss Huntley. In the evening the speaker will

be Dr. Ambrose L. Suhrie of Cleveland. Wednesday, the 25, will begin with business meetings of the Public Health Section and of the State Association. At 10 a. m. there will be a trip to the Nurses' Home of the Western Pennsylvania Hospital. In the afternoon there will be addresses under the auspices of the Public Health Section by I. Mallinde Havey of Washington, D. C., Frances V. Brink of New York, Dr. Charles H. Miner of Harrisburg, and Dr. Richard A. Bok of New York. A banquet will be held in the evening with an address by Cora H. Collidge, Dean, Pennsylvania College for Women. Thursday morning will be occupied by closing business sessions of the Private Duty Section and the State Association. THE INSTRUCTORS' INSTITUTE under the direction of the State League of Nursing Education will begin on Thursday, October 25, at 2 p. m. and continue until 12 noon, Saturday, October 27. Philadelphia.—THE PRESBYTERIAN HOSPITAL ALUMNAE have completed the endowment of two beds for the use of their members and are now working for an endowment for their training school. This is to be called "The Caroline I. Milne Endowment Fund" in honor of a much loved former Directress of Nurses. A substantial sum has already been raised. Pittsburgh.—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held its annual picnic on the beautiful grounds surrounding the home of Ethel Zavitz Smith. The class of 1923 were honor guests. A good time was enjoyed by all.

Rhode Island: Providence.—The student nurses of the Rhode Island Hospital Training School gave a successful bazaar on June 8, and were able to add \$500 to the Training School Fund. This fund was established by Inez C. Lord in 1917 for use as a loan fund or such other purposes as might arise.

Tennessee: Nashville.—THE SUMMER JOURNALS AT PEABODY COLLEGE were most successful. There were 15 students in the Public Health course and two in that for Hospital Administration. A reception was given on July 5 by the Nashville District Nurses' Association for Miss Goodrich and Mrs. Morrison (formerly Mrs. Gould), President of the State Association.

Texas: Waco.—The meeting of the STATE

BOARD OF NURSE EXAMINERS for TEXAS was held July 26. The following officers were elected for the coming year: Mrs. Lehmann, president; A. Louise Dietrich, educational Secretary, and Marj Grigby, secretary and treasurer.

Washington: Seattle.—THE SEATTLE GENERAL HOSPITAL has made arrangements with the University of Washington whereby the Freshmen may take special subjects there during the preliminary course,—15 hours a week. The annual banquet of the graduates was held on May 2, Miss Hall acting as toastmistress. "Drugless Doses," a monthly bulletin of the students, is unusually well done, in fine hand printing, illustrated by photographs.

Wisconsin: Milwaukee.—THE PRIVATE DUTY SECTION OF THE FOURTH AND FIFTH DISTRICTS met June 12 at the Club House. The following officers were elected: President, Mary Reynolds; secretary, Mildred Dallwig. This section is raising a hope chest of linen for the benefit of the Wisconsin Nurses' Club. THE WISCONSIN NURSES' CLUB gave an ice cream social on the club house lawn July 21. The entertainment was furnished by the Abraham Lincoln House and three little colored boys. The proceeds went toward the Club House. Grace Vogel, class of 1919, Mt. Sinai Hospital, New York, where she has been for a year, and will take up work with the obstetrical branch of the Visiting Nurses' Association.

BIRTHS

To Mrs. Carl Calloway (Gertrude Austin, class of 1920, Presbyterian Hospital, New York), a daughter, in June.

To Mrs. H. R. Loeman (Edna Brookmyer, class of 1918, Lankenau Hospital, Philadelphia), a son, Richard, July 28.

To Mrs. G. E. McKee (Sarah Campbell, class of 1917, Allegheny General Hospital, Pittsburgh), a daughter, Kathryn Rose, July 25.

To Mrs. C. Jonhau (Helen Davis, Mercy Hospital, Chicago), a daughter, July 15.

To Mrs. Alexander Eisenbauer (Mary Frye, class of 1910, Lankenau Hospital, Philadelphia), a daughter, Betty Rose, July 17.

To Mrs. Frank Kelly (Mildred Guilfoyle, Mercy Hospital, Chicago) a daughter, July 3.

To Mrs. Thomas Kavanaugh (Agnes Horan, Mercy Hospital, Chicago), a son, July 15.

To Mrs. Harold Saunders (Mathilda Hunter, class of 1914, Braddock General Hospital, Braddock, Pa.), a son, Harold Earl, August 2.

To Mrs. E. J. Engberg (Dagmar Larson, class of 1916, Mounds Park and Allied Hospital, St. Paul, Minn.), a son, June 10.

To Mrs. Clarence Mardorf (Alma Leebach, class of 1916, St. John's General Hospital, Pittsburgh), a daughter, July 30.

To Mrs. James D. Rowland (Eileen McCarthy, Mercy Hospital, Chicago), a son and a daughter, July 18.

To Mrs. Raymond S. Killip (Mabel McMann, class of 1918, New York Hospital, New York City), a daughter, Helen Elizabeth, July 2.

To Mrs. Robert Fleming (Anna Nelson, class of 1920, Passaic General Hospital, Passaic, N. J.), a son, Edwin Robert, June 11.

To Mrs. L. S. Williams (Estella Oestrandor), a daughter, July 28.

To Mrs. F. R. Hein (Sophie Olson, class of 1914, City and County Hospital, St. Paul, Minn.), a son, June 23.

To Mrs. Fred C. Selby (Ruth Patton, class of 1920, Hahnemann Hospital, Philadelphia), a son, August 2.

To Mrs. V. C. Judd (Minnie Streuchi, class of 1919, Braddock General Hospital, Braddock, Pa.), a daughter, Myrtle Nadine, July 15.

To Mrs. Ed Gorman (Clara Tvede, class of 1920, Mounds Park and Allied Hospital, St. Paul, Minn.), a son, June 14.

MARRIAGES

Rhea Batters (class of 1920, Fort Wayne Lutheran Hospital, Fort Wayne, Ind.), to Sheridan Snyder, in August.

Elsner Boushler (class of 1920, Milwaukee County Hospital, Wauwatosa, Wis.), to Mike Thoma, June 27. At home, Milwaukee, Wis.

Jeanette Bryan (class of 1920, Fort Wayne Lutheran Hospital, Fort Wayne, Ind.), to Fred Fox, in July. At home, Fort Wayne.

Agnes Campbell (class of 1922, Springfield Hospital, Springfield, Mass.), to Byron

M. Murdock, July 25. At home, Frankfort, N. Y.

Viola Deegan (class of 1914, Buffalo Hospital Sisters of Charity), to Louis Stone, June 4.

Mabel Evans De Nyse (class of 1917, Staten Island Hospital, Staten Island, N. Y.), to Frank D. Faulds, June 19. At home, Staten Island, N. Y.

Emma L. De Pover (class of 1918, St. Joseph's Mercy Hospital, Sioux City, Ia.), to Philip Francis Verzani, May 15. At home, Ponca, Neb.

Edith Emerson (class of 1918, Deaconess Hospital, Spokane, Wash.), to A. N. Mellor, June 28. At home, Spokane.

Patricia Farrell (Mercy Hospital, Chicago), to Leland S. Benson, June 4. At home, Los Angeles, Calif.

Mary Forsthoef (class of 1911, Lenox Hill Hospital, New York City), to Alfred Rochefort Ferrin, D.D.S., July 26.

Adeline M. Fritz (class of 1919, Lakeside Hospital, Cleveland), to Henry Randolph Hanson, June 27. At home, Cleveland.

Ethel Godfrey (Albany Hospital, Albany, N. Y.), to Edward Campbell, M.D., July 24. At home, Albany.

Pauline Goins (class of 1918, Hahnemann Hospital, Philadelphia), to Joseph Magee, July 9. At home, Philadelphia.

Mrs. Daisy M. Gould (President of the Tennessee State Nurses' Association) to Judge John F. Morrison, July 4. At home, Lawrenceburg, Tenn.

Eva Green (Army School of Nursing), to H. C. Smith, June 16. At home, Chicago.

Gertrude Green Hard (class of 1914, Presbyterian Hospital, Chicago), to Vincent Ellwood Peterson, July 16.

Freda J. Hintz (class of 1913, Jewish Hospital, St. Louis, Mo.), to Clarence G. Canute, April 2. At home, Kalabasco, Mich. (Received in time for the June Journal, but through an error it was not published.)

Marjo M. Hauer (class of 1919, McKeesport Hospital, McKeesport, Pa.), to George C. Haberman, June 16. At home, McKeesport.

Bontrice Hotchkiss (class of 1921, St. Vincent's Hospital, Portland, Oregon), to Clarence George, in June. At home in Nebraska.

Lola Jerrells (class of 1921, King's Daughters' Hospital, Temple, Tex.), to Zina Carl Jones, July 3. At home, Austin, Tex.

Anna Jones hamtar hamtar hamtar martamar

Anna Jones (class of 1920, School of Nursing, University of Minnesota, Minneapolis, Minn.), to Ernest Mariette, M.D., June 9. At home, Glen Lake.

Grace E. Keesch (class of 1915, House of the Good Samaritan, Watertown, N. Y.), to Fay A. Soultz, May 20.

Anna Martha Kendig (class of 1913, Lankenau Hospital, Philadelphia), to Harold Wright Kraft, August 4. At home, Savannah, Ga.

Constance King (class of 1920, Deaconess Hospital, Great Falls, Mont.), to Arthur Hills, June 7.

Bessie Kirkham (Ottumwa Hospital, Ottumwa, Ia.), to Clarence Bickford, June 20. At home, Detroit.

Sara Klingensmith (class of 1919, Braddock General Hospital, Braddock, Pa.), to Albert Limbacher, in June.

Anna C. LeCourse (class of 1921, Butler Hospital, Providence, R. I.), to Charles E. Hecox, August 1.

Dorothy Larsen (class of 1918, Mercy Hospital, Davenport, Iowa), to Elmer Wirthman, July 14. At home, Davenport, Iowa.

Cora Larsen, of Mason City, Iowa, to F. H. Reed, June 12.

Dorothy McManus (class of 1922, St. John's Hospital, Pittsburgh, Pa.), to P. J. Murphy, June 20.

Mary Mason (class of 1921, Allegheny General Hospital, Pittsburgh), to Edward Hickey, June 11. At home, Pittsburgh, Pa.

Anna Isabella Mather (class of 1922, Presbyterian Hospital, New York), to Arthur Claude Locke, M.D., June 9.

Laura Matti (class of 1920, Prairie Du Chien Hospital, Prairie Du Chien, Wis.), to Ernest Brooks, June 27.

Gertrude C. Meade (class of 1920, Homeopathic Hospital, Albany, N. Y.), to Francis Raymond Rubell, June 16. At home, Staten Island, N. Y.

Anne Mitchell (class of 1920, Springfield Hospital, Springfield, Mass.), to W. A. R. Chapin, M.D., June 12. At home, Springfield, Mass.

Cecil Moore (class of 1918, St. Vincent's Hospital, Portland, Oregon), to Dr. Morse, in June. At home, Wasco, Oregon.

Mary Moran (Army School of Nursing), to Captain Walter Shea Wood, June 24. At home, Camp John Hay, Mountain Province, P. I.

Edna Morrison (class of 1916, Allegheny General Hospital, Pittsburgh), to Ernest DeSilver, in June. At home, Pittsburgh, Pa.

Juanita Newton (class of 1921, Columbus Hospital, Great Falls, Mont.), to William C. Taylor, June 17. At home, Great Falls.

Helga Nordstrom (class of 1910, Lenox Hill Hospital, New York City), to Benjamin Bon, August 7. At home, Albany, N. Y.

Mary H. O'Brien (class of 1918, Worcester City Hospital, Worcester, Mass.), to Harry A. Santman, May 25. At home, New York City.

Dora Ole (class of 1921, Milwaukee County Hospital, Wauwatosa, Wis.), to Carl Ruezar, June 5.

See Peters (class of 1917, Germantown Hospital, Philadelphia), to Mr. Ballantine, June 9. At home, Germantown.

Rosalie Pfeiffer (class of 1922, St. Vincent's Hospital, Portland, Oregon), to Harry Pearson, July 18. At home, Boise, Idaho.

Helen Curtice Raleigh (class of 1911, Children's Homeopathic Hospital, Philadelphia), to Col. William M. Cooley, August 4. At home, Knoxville, Tenn.

Rose Rasmussen (class of 1922, Atlantic Hospital, Atlantic, Iowa), to Gordon Miller, July 19. At home, Atlantic, Iowa.

Martha Simpson (class of 1915, Christ's Hospital, Topeka, Kansas), to Raymond Brisbane, July 28. At home, San Jose, Calif.

Edith D. Smith (class of 1921, Deaconess Hospital, Great Falls, Mont.), to Parnal A. Whithead, June 20. At home, Great Falls.

Gladys M. Spencer (class of 1920, Presbyterian Hospital, New York), to Joseph S. Richardson, June 30.

Ida Steele (class of 1918, Mercy Hospital, Davenport, Iowa), to John Palmer, July 21. At home, Salt Lake City, Utah.

Alexandra Thyra Stewart (Base Hospital 65 and Mary Elizabeth Hospital Staff, Raleigh, N. C.), to James Guy Oliver, June 30. At home, Pittsburgh, Pa.

Mary J. Stone (Superintendent of Hackensack Hospital, Hackensack, N. J.), to George W. Conklin, August 2.

Lorraine Virginia Torhune (class of 1923, Presbyterian Hospital, New York), to Franklin A. Stevens, M.D., June 8.

Ruth Tomlin (class of 1919, Hahnemann Hospital, Philadelphia), to Daniel Parker, May 29. At home, San Francisco.

Ruth Turton (class of 1920, Allegheny General Hospital, Pittsburgh), to William S. Pyle, July 23. At home, Donora, Pa.

Helen C. Twomey (class of 1918, Physicians and Surgeons Hospital, Wilmington, Del.), to W. Pierce Barnes, July 27.

Dellie Vanthrin (class of 1916, Christ's Hospital, Topeka, Kansas), to Roland Whitfield Chase, June 30.

Helen Anne Vyhocell (Buffalo Hospital, Sisters of Charity), to Vincent Mangeruga, June 22.

Helen Wayman (class of 1921, Mercy Hospital School for Nurses, Hamilton, Ohio), to Charles Tully, in June. At home, Rawl, W. Va.

Anna Weingartz (class of 1915, St. Anthony's Hospital, Rock Island, Ill.), to Leo De Schinkel, July 28. At home, Rock Island.

Jeanie Wetherald (class of 1911, Presbyterian Hospital, Philadelphia), to Thomas McCrum, July 20.

Emma Margaret White (class of 1916, Lenox Hill Hospital, New York City), to John Andreas Fahr, July 31.

Grace Willis (class of 1915, St. John's Hospital, Pittsburgh, Pa.), to Howard Middlestatter, July 14.

DEATHS

Victoria Eleanor Armstrong (class of 1908, Erie County Hospital, Buffalo, N. Y.), of acute dilation of the heart, following an operation, at the Citizens' General Hospital, New Kensington, Pa., on July 6. Miss Armstrong was a member of the Board of Directors of the Sixth District Association at the time of her death. Her judgment was greatly relied upon and was always good. She has held several important positions: Assistant Director of Nurses at West Penn Hospital; for four years she was with the U. S. Army, seeing duty in the Philippines; was Superintendent of the hospital at Monon-

gahela and later at Washington, Pa., and had been Superintendent of the Citizens' General Hospital for two years. She will be greatly missed by her associates.

Emma J. Burns (class of 1918, Post Graduate Hospital, New York), at the hospital, after a long illness. Miss Burns was a member of the Executive Board of her Alumnae Association; she will be much missed.

Mrs. Perry Hallock (Opal Cannon, Homeopathic Hospital, University of Iowa), at her home at Brayton, Iowa, July 15, after an abdominal operation.

Loretta Cavanaugh (class of 1917, Bellevue Hospital, New York), on April 17, of acute streptococcus infection. Miss Cavanaugh was one of the supervisors until she went to Italy, under the Red Cross. Since her return she has done private nursing. She gave her best self to her work.

Mary V. Clancy (class of 1910, Bellevue Hospital, New York), at her home in Haverstraw, N. Y., May 2. Miss Clancy had held various positions in Bellevue until last fall when she became ill. She had many friends.

Mrs. Alice Evans Smith (Alice Evans, class of 1889, Bellevue Hospital, New York), on March 18. Before her marriage, Miss Evans was in charge of the Koch Sanitarium, Denver, Colo., and later of the Home Sanatorium, Rome, Ga. During the war she was attached to the Bellevue Unit for Home Defense and was in charge of the canteen connected with St. Michael's Episcopal Church. Burial was at her former home, Tidonto, Pa.

Mrs. Rena Vase Harrison (class of 1913, Post Graduate Hospital, New York), at Pittsburgh, Pa. Mrs. Harrison was a good nurse and an excellent teacher. She served overseas with Base Hospital No. 8. She was gentle and lovable and will be mourned by many friends.

Martha N. Kough (class of 1915, Altoona Hospital, Altoona, Pa.), at her home, July 31, following several months' illness. Miss Kough was loved by all who came in contact with her. She was a true nurse and a true friend.

Margery Jerrold Lewis (class of 1908, Presbyterian Hospital, New York City), on July 26, at the Muhlenburg Hospital, Plainfield, N. J., after a brief illness. Miss Lewis had held a position in the Social Service Department of the Presbyterian Hospital; she

was organizer and head nurse of the Visiting Nurse Association, Wilkes-Barre, Pa., and was Industrial Nurse with C. Kanyon & Company, Brooklyn. At the time of her death Miss Lewis was corresponding secretary of the New York State Federation of Women's Clubs. She had been Secretary of the Industrial Nurses' Club from the time of its organization, and the club owes its existence to her efforts. Its members feel the deepest regret at their loss.

Gladys McCay (class of 1921, Allegheny General Hospital, Pittsburgh, Pa.), suddenly, at her room in Pittsburgh, July 18. Miss McCay's death was a great shock to her relatives and friends, especially her roommate, who found her dying one hour before they were to report for duty in the hospital. Funeral services were held at the home of her parents, New Castle, Pa.

Edna McLaughlin (West Side Hospital, Chicago), on July 19, at the Henry Ford Hospital, Detroit, where she had served for two years.

Eileen Olson (class of 1920, Lake City Hospital, Lake City, Minn.), at the Lake City Hospital, July 19, following an operation for ruptured appendix.

Agnes Seery (Mercy Hospital, Chicago Ill.), at Phoenix, Arizona, on July 25. Miss Seery was always a force for good in her profession with high ideals and devotion to duty. Her health failing some two years ago, she had to give up active duty. Burial was

at her old home in Canada, where there was a delegation of Sisters and Nurses from Mercy Hospital.

Sister Mary Mark Sheridan, at Mercy Hospital, Chicago, Ill., on July 14, after a lingering illness. For twenty years she was in charge of the Nurses' Home at Mercy Hospital. The graduates considered Sister's death a personal loss. One hundred graduates in white uniform formed a guard of honor as a token of love to their beloved friend.

Mrs. Annie Loyd Strasser (class of 1921, Walker Hospital, Evansville, Ind.), was drowned in the Wabash River near Flint, Ind., while bathing, July 20. Burial was at Oak Hill Cemetery, Evansville. Mrs. Strasser's death means a great loss to her friends and family.

Agnes Swift (Dixon Hospital, Dixon, Ill.), at her home, Washington, Ia., July 14, after an illness of four months. Miss Swift possessed tact, honesty, vision and a devotion to high ideals, noble purposes and a spirit of generous coöperation. Her faithful and efficient service will not be forgotten. During the war she served overseas with Unit R, Base Hospital 32. Miss Swift was a member of District 2, Burlington, Iowa.

Wilhelmina Wedekind (class of 1916, Mercy Hospital School for Nurses, Hamilton, Ohio), on July 22, at her home in Hamilton after an illness of several months. Miss Wedekind was beloved by all who knew her and is mourned by her family and many friends.

"So they crown not the runner, but the race; and honor not the bearer, but the torch; and they who have run well and faithfully are glad, for they too have found that the joy lies not in any greeting from another, but in driving back the night."

—Hamilton Wright Mabie.

IMPORTANT NOTICES—TOO LATE FOR CLASSIFICATION

National: THE CHILD HYGIENE SECTION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION will meet in Boston October 8-11. Not only will there be papers and discussions dealing with various phases of school health work, but there will also be arranged exhibits of various kinds of school health work in connection with the Boston Health Show activities in the school system of Boston and some of its suburbs. Some of the interesting features in the tentative programme are: *Tuesday, October 9*, Standardization of School Medical Inspection, Carl E. Buck Detroit; *The Growth of Children*, William T. Porter, M.D. *Wednesday, October 10*, Health Standards for School House Construction and Sanitation, Louis I. Harris, New York; *The Place of Mental Hygiene in the School Programme*, W. L. Treadway, U. S. Public Health Service; *Some Phases of Nutrition Work*, Alice Blood, Boston. *Thursday, October 11*, *The Surgical Problems and Convalescent Treatment of Crippled Children*, R. G. Osgood, M.D., Boston; *The Crippled Child as a Public Health Nursing Problem*, Edna L. Foley, Chicago; *Breast Feeding from a Public Health Standpoint*, E. J. Huemphreys, M.D., Minneapolis.

California: THE CALIFORNIA BUREAU OF REGISTRATION OF NURSES has, since July 1 of this year, been obliged to return about 200 completed applications and fees to nurses residing outside the State of California who were requesting registration in this state. It has also been obliged to refuse application blanks to fully as many more. The Bureau regrets this exceedingly, but has been forced to do so, owing to certain conditions. The "economy" plan on the part of the new Governor of California contemplates a budget system. The budget maker interprets the new budget law in such way as to sweep all special funds into the general fund of the state for general state purposes. This includes, not only the special fund created by the Nurse Registration Act of 1913, but also other special funds created by law. This is what has happened to the Bureau and, as no appropriation was made by the legislature, therefore is

in the mind of the Board of Control, there is no money to pay salaries for clerical help and the office of the Bureau cannot carry on its functions. The turning back of these applications amounts to a loss of fully \$6,000, as against the economy of securing a clerical assistant or two to handle the work. The Bureau has requested all applicants out of the state to wait until they come to California, when the Bureau will gladly take up their registration. The State Nurses' Association is not calmly accepting this state of affairs; the members are going "to the bat" on it in a courageous and spirited manner. They are employing one of the best attorneys in the state as counsel, who has taken the matter to the Supreme Court. A hearing was given in Los Angeles on August 8, at which the court ordered a brief prepared, which will be presented at the next meeting of the court early in October. This case will be watched with considerable interest, as it will decide a much contested point in the budget law.

Arkansas: THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its semi-annual meeting in Little Rock, Ark., October 30-31, 1923, for the purpose of examining applicants. Applicants desiring to write will apply to the Secretary, Eva Atwood, St. John's Hospital, Ft. Smith, Ark. Applications must be in fifteen days before the examination date.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants at Ishpeming, Mich., September 18 and 19. Helen deSpelder Moore, Secretary, Lansing, Mich.

Missouri: Due to delay in appointment of Board of Nurse Examiners under law in effect June 24, 1923, application forms for registration in Missouri are not yet ready. Nurses writing for reciprocity in Missouri should state the name of the school of nursing from which they graduated.

Pennsylvania: THE BOARD OF NURSE EXAMINERS of Pennsylvania under the new law has been appointed as follows: S. Lillian Chyten, Margaret Dunlop, Harriet Frost, Roberts M. West, all of Philadelphia, and Miss Yingst, Carlisle.

BOOK REVIEWS

REST AND OTHER THINGS. Allen K. Krause, M.D. Williams and Wilkins Company. Baltimore, Md. Price, \$1.50.

ENVIRONMENT AND RESISTANCE IN TUBERCULOSIS. By Allen K. Krause, M.D. Williams and Wilkins Company, Baltimore, Md. Price, \$1.50.

In his little book, *Rest and Other Things*, Krause in his usual facile style touches in an interesting and readable way on those phases of the tuberculosis problem which are of particular interest to lay workers and organizers in the tuberculosis field.

His chapter on *Rest* is brief and to the point. Some of the thoughts brought out are further elaborated in the following chapter on *Treatment*. Chapters three and four deal with childhood infection; the various hypotheses of infection are discussed from the historical viewpoint; taking into consideration bovine and human infection, the indoor and direct contact hypotheses, Krause believes that in childhood the outdoor, indirect infection, through sputum, makes up the greater proportion of the total number of those infected.

The next three chapters, dealing with preventive measures in a broad sense, contain much meat for those of us who are called upon to give vocal expression to the faith that is in us, before skeptical audiences. His keynote is education of both physician and layman by specially trained and enthusiastic teachers, and the control of manifest disease.

The closing chapter on medical education in tuberculosis should be brought to the attention of those in whose hands rests the planning of medical curricula;

the present outlook is very dark; there is little incentive for men of ability to enter the field. This situation would change over night, says Krause, "if we had foundation,—departments of tuberculosis, in our medical schools." Resources netting \$50,000 a year are suggested as an adequate foundation for medical schools like Harvard, University of Pennsylvania, Johns Hopkins, etc.

Krause's *Environment and Resistance in Tuberculosis*, like the volume reviewed above, is well printed, in large type, and is of convenient coat-pocket size.

It is divided into two parts. The first, on environment, packs into twenty-eight pages an entirely new conception of a term much in vogue among the laity, and should be read by all public health workers. Krause was greatly astonished to discover that to most people environment means nothing more than those physical objects which encompass human beings—the clinic, the houses, the rooms, the baths, the furniture, the clothing, air and sunshine which people may or may not have. He calls our attention to the environment of disease; to that which comprises opportunities for physical injury to the person; the environment of occupation; the environment of antagonistic personal association.

As regards tuberculosis, any experience that may modify in any way the origin and development of infection is an environment influence.

Part II, on resistance, is an elaboration of a former address and includes material from several other papers. In approximately one hundred pages Krause shears away the verbiage which

has helped to obscure this term, and gives a scientific, clearly understandable account of resistance in its relation to pathology, diagnosis, symptoms, and treatment of tuberculosis. This part of the book will be of particular value to physicians and medical students.

I would recommend the purchase of these volumes to all interested in the broader aspects of tuberculosis.

Alice E. Stewart, R.N.,
Pittsburgh, Pa.

THE FAMILY AND ITS MEMBERS. By Anna Garlin Spencer. J. B. Lippincott Company, Philadelphia. 322 pages. Price, \$2.

The closing sentence of the introduction to Mrs. Spencer's book, *The Family and Its Members*, gives us her ambition "to serve as one who opens doors of insight into the House of the Interpreter." The aim of the book, as stated earlier, is to suggest some of the changes in external customs and inherited ways of living which may lead toward a firmer hold upon social idealism within the family, as well as within all other inherited institutions, while new bases of democratic freedom are being firmly installed.

In the pursuit of this aim and ambition, Mrs. Spencer, holding ever to the ideal of Social Service, analyzes some of our basic relationships in life. Keeping clearly in mind the lessons of the past, she places fairly before us the dangers, as well as the opportunities, of this time of great mutability of our social ideals. Though we may not agree with her in all points, her book is most worthy of careful reading by women of this day and generation. Especially is it worthy of consideration by those of us who, coming into close contact with families, would use to the utmost our opportuni-

ties to serve. To understand more clearly the changing conditions within and without the family, and to bear our share in the onward and upward march is our duty and our privilege. The author's able analysis of the present situation, together with her high ideals of justice and service, should prove a very real help and inspiration to all of us.

Florence H. Falls,
Chicago, Ill.

THE EDUCATION OF WOMEN. ITS SOCIAL BACKGROUND AND ITS PROBLEMS. By Willystine Goodsell, Ph.D. 378 pages. The Macmillan Company, New York. Price, \$2.60.

Nurses who have enjoyed Miss Goodsell's courses at Teachers College in the History of Education and the History of Women will welcome this book as will all those who are genuinely interested in "the woman question." Written by an ardent feminist, it is notable for its restraint. The writer has not only drawn on a wealth of biological, psychological, social and historical material for each chapter but she has also appended a list of "Selected Readings" to each one. The temper of the concluding paragraph of the chapter on Cultural vs. Vocational Education, characteristic of the whole book, is as follows:

The utilization of the dynamic force of interest in a chosen life work to lead the student out into the fertile and varied fields of human culture is the outstanding educational problem of this industrial age. It is idle to claim that the problem has been solved save in individual instances. Neither the college of liberal arts nor the vocational college has yet convincingly shown the way by which cultural education may be infused with social purpose and efficiency and vocational education may be enlarged in scope and significance as to become truly liberalizing to the mind.

The book should prove stimulating to those who are concerned with the education of nurses.

M. M. R.

BOOKS RECEIVED

PRINCIPLES AND PRACTICE OF X-RAY TECHNIC FOR DIAGNOSIS. By John A. Metzger, M.D. C. V. Mosby Company, St. Louis, Mo. Price, \$2.75.

LECTURES ON DIETETICS. By Max Einhorn, M.D. W. B. Saunders Company, Philadelphia, Pa. Price, \$2.25.

NEWER KNOWLEDGE OF NUTRITION. By E. V. McCollum, M.D. 436 pages. The Macmillan Company. Price, \$3.50.

SURGICAL AND GYNECOLOGICAL NURSING. Parker and Breckinridge. Revised. J. B. Lippincott Company, Philadelphia, Pa. Price, \$3.

PRACTICE OF PREVENTIVE MEDICINE. By J. G. Fitzgerald, M.D. Assisted by Peter Gillespie, M.Sc. By H. M. Lancaster, B.A.Sc., and with chapters by special writers. 326 pages. Illustrated. C. V. Mosby Company, St. Louis, Mo. Price, \$7.50.

IMPOVERENCY, STERILITY, AND ARTIFICIAL IMPREGINATION. By Frank P. Davis, M.D. Sec-

ond Edition, revised and enlarged. C. V. Mosby and Company, St. Louis, Mo. Price, \$2.25.

THE CONQUEST OF CONSTIPATION. William S. Wahn, M.D. 260 pages. E. P. Dutton and Company, New York. Price, \$2.

NUTRITION AND CLINICAL DIETETICS. Herbert S. Carter, M.D.; Paul E. Howe, Ph.D., and Howard H. Mason, M.D. Third Edition. Thoroughly revised. 730 pages. Lea and Febiger, Philadelphia. Price, \$7.50.

TUBERCLE BACILLUS INFECTION AND TUBERCULOSIS IN MAN AND ANIMALS. By Albert Calmette, Associate Director, Pasteur Institute, Paris, France. Authorized translation by Willard Soper, M.D. and George S. Smith, Ph.D. Second Edition. 714 pages. Illustrated. Williams & Wilkins Company. Baltimore. Price, \$8.

FASTING AND UNDERNUTRITION. A Biological and Sociological Study of Inanition. By Sergius Morgagni, Professor of Biochemistry, University of Nebraska College of Medicine. 310 pages, with a Bibliography of 85 pages. E. P. Dutton & Company, New York. Price, \$5.

THE NEW ANATOMY AND PHYSIOLOGY by Jesse Fehring Williams of Teachers College is now ready for distribution.

Le Service à l'Hôpital. Mme. Edouard Krebs-Japy, Des Femmes Universitaires de France. Mme. Japy is a French physician and wife of a physician and she presents in a remarkable manner the history of Social Service in the United States and its development in France since 1914. Mme. Japy acknowledges a great debt to the American Red Cross and the Rockefeller Mission. Thus far their efforts are largely confined to three phases: Tuberculosis, Maternity Care and Child Welfare, although something has been done for the control of cancer and the care of mental patients. Mme. Japy seems to have reliable information on the status of hospital and social service in twenty countries and has appended a bibliography of seventeen pages to her thank.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reimann, Kronprinsessnegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 10 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deane, 370 Seventh Avenue, New York. Treasurer, V. Leta Lorimer, 141 South Third Street, Columbus, Ohio. Sections: Private Duty, Chairman, Frances M. Ott, 119 South Shore Drive, Elkhart, Ind. Mental Hygiene, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. Legislation, Chairman, Roberts M. West, Room 192, 34 S. 17th Street, Philadelphia, Pa. Relief Fund Committee, Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Ada Bels McCherry, Evanston Hospital, Evanston, Ill. Treasurer, Bess M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Elsie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3020 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Secretary, Robert Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Hays, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major John C. Stinson, Office of the Surgeon General, Army Corps Division, War Department, 16th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2109 Avenue F, Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Lina H. Denny, 1808 North 7th Avenue, Birmingham.

Arizona.—President, Louise E. Ferritt, Prescott. Secretary, Catherine Beagle, Prescott. President examining board, Edith P. Snowden, Phoenix. Secretary-treasurer, Kathryn Hutchison, Tombstone.

Arkansas.—President, Mrs. James D. Moncure, Route 4, Box 200, Little Rock. Secretary, Blanche Tomaszewski, 815 Laurel St., Pine Bluff. President examining board, Walter G. Kharin, M.D., First National Bank Building, Fort Smith. Secretary-treasurer, Eva Atwood, St. John's Hospital, Fort Smith.

California.—President, Mrs. J. F. Peterson, 1822 North Fair Oaks Avenue, Pasadena. Secretary, Mrs. J. H. Taylor, Route A, Oak. State League President, Anna C. Jamieson, State Building, San Francisco. Secretary, Mary May Fichering, University Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamieson, State Building, San Francisco.

Colorado.—President, Jennie D. Stewart, 220 E. Young St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutenshaier, Children's Hospital, Denver. Secretary, Leotie Mulharris, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Farris, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, 220 Farmington Avenue, Hartford. State League President, Sarah E. Hyde, Middletown Hospital, Middletown. Secretary, Amelia M. Jones, Middletown Hospital, Middletown. President examining board, Martha F. Wilkinon, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rector Avenue, Bridgeport.

Delaware. — President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Chayton Street, Wilmington.

District of Columbia. — President, Eleanor Maynard, 2520 14th Street, N. W., Washington. Secretary, I. Malinda Haver, 3800 14th St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anna H. Riffin, Emergency Hospital, Washington. President examining board, Mary G. Wolford, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Friend, Orange General Hospital, Orlando. Secretary, Elizabeth Stell, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louise B. Benham, Hawthorne.

Georgia. — President, Mrs. Mae M. Jones, State Sanatorium, Milledgeville. Secretary, Chloë M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harvill, Baptist Hospital, Atlanta. President examining board, Jennie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 608 Highland Avenue, Atlanta.

Idaho. — President, Barbara Williams, St. Luke's Hospital, Boise. Secretary, Louise W. Gerrish, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois. — President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1780 Congress St., Chicago. Secretary, Dora C. Samsky, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary

M. Petersen, Robert W. Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Descension Hospital, Indianapolis. President examining board, Nellie G. Brown, Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nellie Morris, The Summit, D-1, Iowa City. State League President, Felth Anthony, Methodist Hospital, Des Moines. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Botham Hospital, Kansas City. Secretary, Caroline E. Barthmeyer, Hahland. President examining board, Sister Catherine Voith, Newton. Secretary-treasurer, Sister Mary Helma, St. Luke's Hospital, El Dorado.

Kentucky. — President, Edith E. Bush, 1112 South 4th Ave., Louisville. Corresponding secretary, Gertrude Bethel, 700 French Building, Louisville. State League President, Lee Guthrie, Southern Kentucky Sanitarium, Franklin. Secretary, Mary Foreman, Mason Memorial Hospital, Park. President examining board, Sophie F. Steinhauer, Spoor Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana. — President, Mrs. Lydia Breux, 521 S. Hanney St., New Orleans. Secretary, Mrs. Clara McDonald, 1634 Marigny St., New Orleans. President examining board, J. T. Cribbin, M.D., 1207 Mahon Blanche, New Orleans. Secretary, J. S. Robert, M.D., 27 Canche Building, New Orleans.

Maine. — President, Mrs. Lott S. Horne, 122 Emory St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalf, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lewis, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maudie Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Currie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Jennie E. Cotton, New England Hospital for Women and Children, Dimeck St., Boston, 19. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 223 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

New Process FREES Castor Oil of Nauseating Taste and Odor

Send for FREE Trial Bottle. Recommended by physicians. Actually pleasant to take, and meets with no objections whatever from patients.

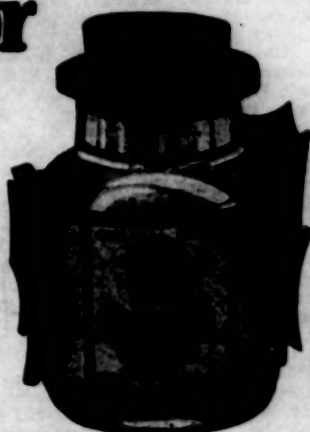
No longer need anybody dread taking Castor oil. Through a marvelous new process of refinement, the ordinary castor oil that was so obnoxious, is now devoid of all taste and smell. It is as easy to swallow as water, and produces no nausea or unpleasant after-effects. Once a patient has taken a dose of this new kind of castor oil, all objections instantly disappear and doses can be administered as often as necessary.

This new kind of castor oil is the result of years of careful, scientific research and experimentation by Spencer Kellogg & Sons, Inc., one of the largest refiners of vegetable oils in the world. Through their exclusive process of super-refinement they have succeeded in placing at the disposal of the medical and nursing profession a castor oil free from castor taste or odor that can be employed to its fullest extent, and with the most satisfactory results.

None of the medicinal properties of the oil are lost in this refining process. Absolutely nothing has been added or removed to disguise or alter the taste. Strength and purity remain unchanged.

Recommended by Prominent Physicians

Doctors in increasing numbers are recommending Kellogg's Tasteless Castor Oil, as fast as they realize that it is simply ordinary castor oil without its disagreeable features. It is pleasant to take, does not cause after-nausea and will not upset the stomach nor produce the quins which so frequently accompanies the taking of ordinary castor oil.



Kellogg's Tasteless Castor Oil can be taken by infant or child, delicate or fastidious women, elderly, invalid or infirm persons with eminently satisfactory results—and with no objections.

Coupon Brings FREE Trial Bottle

So that you may prove for yourself what a boon Kellogg's Tasteless Castor Oil is, we shall gladly and promptly send you a generous-sized Trial Bottle absolutely FREE, if you will fill in and mail the coupon below. No nurse or physician should fail to test this remarkable product. Mail the coupon for your sample bottle to-day.

WALTER JANVIER, Inc.

Dept. 39, 417 Canal St., New York, N. Y.

Walter Janvier, Inc.,
Dept. 39, 417 Canal Street,
New York, N. Y.
Gentlemen:

Without cost or obligation on my part, please send me a FREE Trial Bottle of Kellogg's Tasteless Castor Oil.

Name

Address

Michigan.—President, Mary A. Webb, Grand Rapids. Corresponding Secretary, Mahal Huggan, Flint. State League President, Maud McCutchie, Hesper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 306 State Office Building, Lansing.

Minnesota.—President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelison, Old State Capitol, St. Paul. President State League, Caroline Runkhiser, 3915 Elveth Ave. S., Minneapolis. Secretary, Pearl L. Sanford, Northwestern Hospital, Minneapolis. President examining board, Margaret Crowl, St. Luke's Hospital, St. Paul. Secretary, Dora Cornelison, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hanny Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Mrs. Erastine Bryson Roberts, Starkville.

Missouri.—President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keady, Columbia. Secretary, Gary H. England, 3608 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 630 Chemical Building, St. Louis.

Montana.—President, Mrs. Clara Buntington, Ford Building, Great Falls. Secretary, F. L. Kerbo, 514 Eighth Ave., Helena. President examining board, E. Augusta Askin, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friedlander, Box 928, Helena.

Nebraska.—President, Lela F. Abbot, 637 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Dugan, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antlin, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, Margaret A. Ren, 243 West 3d St., Reno.

New Hampshire.—President, Anna C. Lecharby, Lacuna Hospital, Lacuna. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Virginia Chatwood, 30 Hudson Street, Hackensack. Secretary, Marie Louck, Mahlenberg Hospital, Plainfield. State League President, Florence Dahlin, 448 Elken St., Princeton. Secretary, Marie Louck, Mahlenberg Hospital, Plainfield.

President examining Board, Mrs. George W. Conklin, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth Hight, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Mrs. Blanche A. Montgomery, Women's and Children's Hospital, Albuquerque. Secretary, Mary Priest Wright, Presbyterian Sanatorium, Albuquerque. President examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Secretary and treasurer, Mrs. L. L. Wilson, 804 North 12th Street, Albuquerque.

New York.—President, Mrs. Anne L. Hanson, 181 Franklin Street, Buffalo. Secretary, Ella F. Shamban, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Sebastian Hospital, Troy. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 41 South Oxford Street, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Blanche Stafford, Winston-Salem. Secretary, Edna Hainsworth, Winston-Salem. State League Chairman, Emily A. Holmes, Rutherford. Secretary, Gilbert Means, High Point. President examining board, Mary P. Linton, Baltimore. Secretary-treasurer, Dorothy Mayden, Greensboro.

North Dakota.—President, Sarah Sand, Ogood Flat, Fargo. Corresponding secretary, Esther Tuckerman, 730 Fifth Street South, Fargo. President examining board, Ethel Stanford, 703 Fourth Street, South, Fargo. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Augusta M. Condit, 141 South Third St., Columbus. Secretary, Lucille Gragan, 797 East Fulton St., Columbus. State League President, Blanche Phillips, Cincinnati General Hospital, Cincinnati. Secretary, E. Marcell Annascho, Mt. Sinai Hospital, Cleveland. Chief examiner, Caroline V. McKee, 275 South 4th St., Columbus. Secretary, Dr. H. M. Platter, Sherman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmen, Fortbank. Secretary, Virginia Tolbert Fowler, 622 East 12th Street, Oklahoma City. State League President, Corinne Mansfield, University Hospital, Oklahoma City. Secretary, Sister M. Linda, St. Anthony's Hospital, Oklahoma City. President examining board, Olive Salmen, 204 Triambi Building, Fortbank. Secretary-treasurer, Ross Kent, Soldiers' Memorial Hospital, Muskogee.

Oregon.—President, Grace Phelps, 636 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 649 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osburn, 512 Oakdale Avenue, Medford.



Saving the lives of countless thousands of little children

How the Trained Nurse can help

NURSES, in their important work in the interest of health, can help eradicate diphtheria by explaining to parents how to protect their children from this dread disease. Every child should have The Schick Test made by the family physician and if necessary be given the Diphtheria Toxin-Antitoxin. In this way, diphtheria will soon disappear from our communities.

The Schick Test enables physicians to tell whether children are susceptible to diphtheria or not. Should The Schick Test show that any child is susceptible, treatment with Diphtheria Toxin-Antitoxin (a mixture of the toxin which causes the disease and Diphtheria Antitoxin) will protect him from diphtheria for many years.

It is a part of the Squibb obligation to produce Diphtheria Antitoxin, Schick Test and Diphtheria Toxin-Antitoxin of absolutely correct standards.

The Squibb Laboratories do not produce an inferior biological to be marketed under the so-called Board of Health label. Every biological product bearing the Squibb label is the best that they are capable of producing regardless of price.

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1820.

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT
IS THE HONOR AND INTEGRITY OF ITS MAKER

Copyright 1922, E. R. Squibb & Sons, New York, N. Y.

Please Mention THE JOURNAL When Writing to Advertisers

Pennsylvania.—President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heathy, South Side Hospital, Pittsburgh. State League President, Mrs. Helen Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Edmonson, Pennsylvania Hospital, Philadelphia. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberts M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island.—President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Hamard, 415 Broadway, Providence. State League President, Sarah Barry, City Hospital, Providence. Secretary, Elizabeth F. Sherman, 85 Tobey St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Francis J. Baker, 40 Coming Street, Charleston. Secretary, E. Z. Loring, Behr Sanatorium, Charleston. Secretary, board of nurse examiners, A. Earl Bower, M.D., Columbia.

South Dakota.—President, Ellen McAnis, Aberdeen. Corresponding secretary, Carrie E. CMT, Rapid City. President examining board, Clara S. Ingvaldsen, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—President, Mrs. John F. Morrison, Lawrenceburg. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McClain, University of Tennessee, Memphis. Secretary-treasurer, Dr. Rosse Patterson, Knoxville.

Texas.—President, Mary Grigby, Providence Hospital, Waco. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Ella Reed, Galveston. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Mrs. Lehmann. Secretary, Mary Grigby, Providence Sanitarium, Waco.

Utah.—President, Claire Haines, Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City. Department of Registration, Capitol Building, Salt Lake City.

Vermont.—President, Mahel West, Mary Fletcher Hospital, Burlington. Secretary, Mrs. Rose A. Lovett, Springfield. President examining board, Dudley C. Hawley, M.D., Burlington. Secretary, Mrs. J. M. Allen, 50 Easton Avenue, St. Johnsbury.

Virginia.—President, L. L. Odum, Sarah Leah Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. State League President, Martha V. Dwyer, St. Luke's Hospital, Richmond. Secretary, Harriet D. Mosser, Stewart Circle Hospital, Richmond. President examining board, Virginia Thatcher, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigville.

Washington.—President, Alice Chanda, Corcoran Apartments, Spokane. Secretary, Johanna S. Jones, Everett Hall Apartments, Spokane. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia.—President, Mrs. Susan Cook, Lock Box 467, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Buland, Lock Box 487, Wheeling; home address, 510 Catherine Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyns Hays, M.D., Wheeling. Secretary, Jennie A. Clark, Ohio Valley General Hospital, Wheeling.

Wisconsin.—President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalski, 85 Oakdale St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooij, 538 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Mrs. Fred W. Philer, Wheatland Hospital, Wheatland. Secretary, Mrs. Bertha Johnson, 211 East 25th St., Cheyenne. President examining board, Mrs. Agnes Donovan, Sheridan. Secretary, Mrs. H. C. Olson, 3122 Warren Avenue, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1150 Manuana Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, advertisements, and all business correspondence to the Rochester Office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.